

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Teayra Jones Address: 47 Sydney Dr.

City: Lillington State: NC Zip: 27546 Daytime Phone: (919) 261-3305

Landowner Information (To be completed by landowner, if different than above)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

Name, address, & phone must match information on license)

A. **Set-Up Contractor** Company Name: DAVIS Mobile Home Movers - Sherman Davis

Phone: (910) 978-5371 Address: 3345 Wayne La.

City: Fayetteville State: NC Zip: 2

State Lic# 02888 Email: N/A

B. **Electrical Contractor** Company Name: Service Solutions - Tony Smith

Phone: (910) 635-9363 Address: 5798 McDonald Rd.

City: Parkton State: NC Zip: 28371

State Lic# 20934 Email: service.solutions1997@yahoo.com

C. **Mechanical Contractor** Company Name: Spell's Mechanical

Phone: (910) 525-5976 Address: 123 W. Vinson Ave.

City: Astryville State: NC Zip: 28310

State Lic# 10574 Email: spellsha@aol.com

D. **Plumbing Contractor** Company Name: Priority Plumbing - Stephen Jeffries

Phone: (919) 422-4935 Address: Po Box 264

City: Willow Spring State: NC Zip: 27592

State Lic# 18550 Email: _____

Part III - Manufactured Home Information

Model Year: 2020 Size: 28x56 **Complete & follow zoning criteria sheet**

Park Name: _____ Lot Number: _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

[Signature]
Signature of Home Owner or Agent

4/7/20
Date

**Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.*

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Teayra Jones PROPERTY LOCATION: 47 Sydney Dr., Lillington (SR NC27)
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION
 Type of Structure: DWMH 28'x56' Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% Reduction
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 10/28/2019 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Teayra Jones PROPERTY LOCATION: 47 Sydney Dr., Lillington (SR NC27)
 SUBDIVISION _____ LOT # _____
 Facility Type: DWMH 28'x56' New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)
25% Reduction (Repair)
Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 4
 Pump Tank Size _____ gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: _____

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
 Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 10/28/2019
 Construction Authorization Expiration Date: 10/28/2024

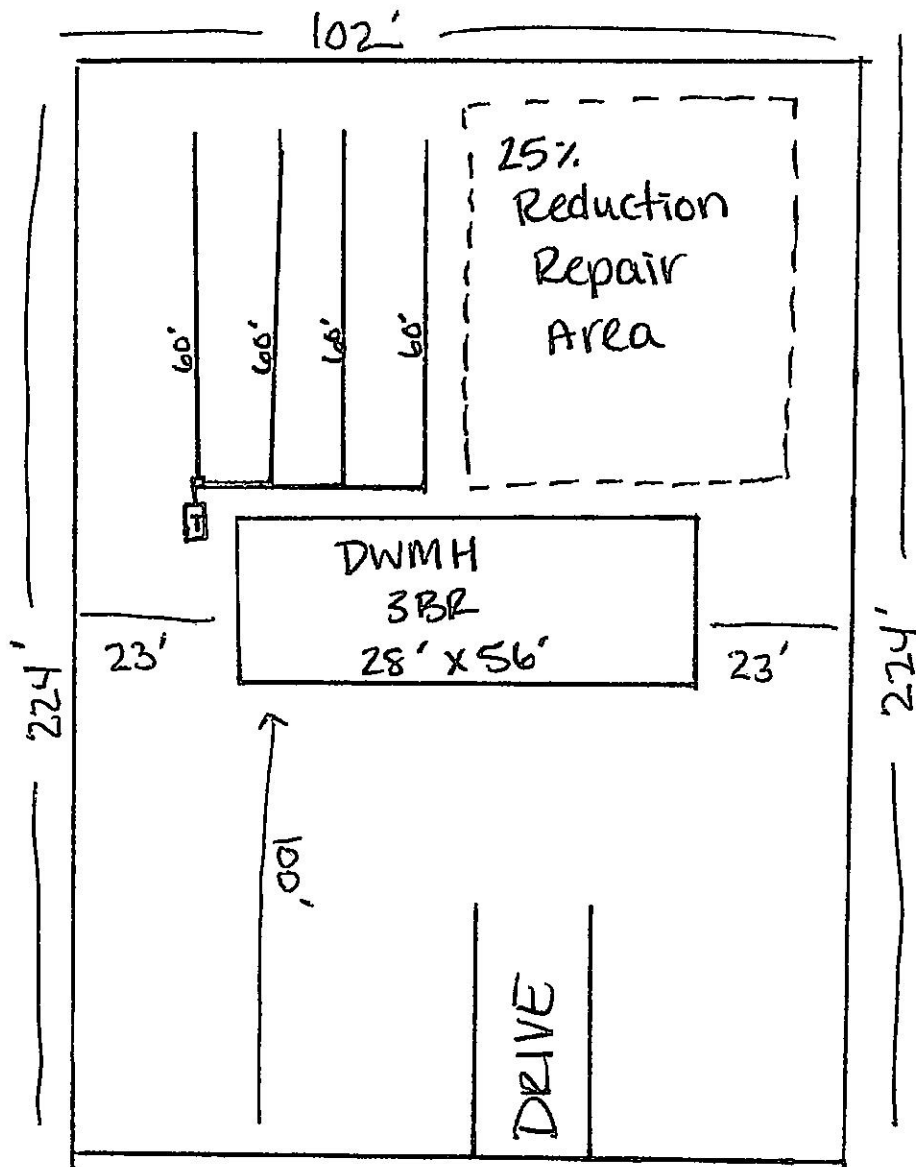
Application # BRES1910-0030

Harnett County Department of Public Health Site Sketch

Property Location: 47 Sydney Dr., Lillington (SR NC27)

Issued To: Tearra Jones Subdivision _____ Lot # _____

Authorized State Agent: *B. Adh* LEHS-I Date: 10/28/19



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

102'
Sydney Lane

1360828

SALES AGREEMENT

DATE: 11/20/19
BUYER(S): Teayra Jones

ADDRESS: 31 BROADWAY FARMS ROAD BROADWAY NC 27505


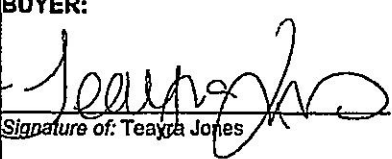
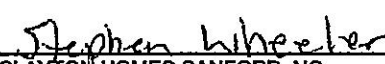
DELIVERY ADDRESS: 47 SYDNEY DRIVE LILLINGTON NC 27546

TELEPHONE: (910) 261-3305 SALES PERSON FULL NAME: Kristi Wilkie

BASE PRICE:	<u>\$113,888.22</u>	Make: <u>OXFORD</u> Model: <u>ISLAND BREEZE</u>
State Tax:	<u>\$2,704.85</u>	Year: <u>N/A</u> Length: <u>N/A</u> Width: <u>N/A</u> Stock#: <u>RSO</u>
Local Tax:	<u>\$.00</u>	Serial No.: <u>OHC029554NCAB</u> New <input checked="" type="checkbox"/> Used <input type="checkbox"/>
1. CASH PRICE	<u>\$116,593.07</u>	TRADE: Make: <u>N/A</u> Model: <u>N/A</u>
TITLE FEES	<u>\$52.00</u>	Year: <u>N/A</u> Length: <u>N/A</u> Width: <u>N/A</u> Title #: _____
Federal Warranty Service Corporation (Including Sales Tax paid to State: \$55.93)	<u>\$854.93</u>	Serial No.: _____
2. TOTAL PACKAGE PRICE	<u>\$117,500.00</u>	Amount owed will be paid by: <input checked="" type="checkbox"/> Buyer <input type="checkbox"/> Seller
Trade Allowance	<u>N/A</u>	Owed to: _____
Less Amount Owed	<u>N/A</u>	OPTIONS: 14 seer HVAC installed, gutters, ramp on front and 4x4 with steps on rear, building permit, termite treatment
Trade Equity	<u>N/A</u>	SELLER RESPONSIBILITIES: Home delivered and set up, trim out, electrical pedestal mounted to home, plumbing connections to existing systems, 4200 septic allowance, 2850 water tap, 4500 clearing and driveway allowance, perimeter footers, split face block skirting, back fill
Cash Down Payment	<u>\$.00</u>	BUYER RESPONSIBILITIES: Post 911 address on home and mailbox, perk test, septic permit, any fees associated with power company, any construction not stated
3. LESS ALL CREDITS	<u>\$.00</u>	<i>May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.</i>
4. REMAINING BALANCE	<u>\$117,500.00</u>	I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE-DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT. ESTIMATED RATE OF FINANCING <u>N/A</u>% NUMBER OF YEARS <u>N/A</u> ESTIMATED MONTHLY PAYMENTS <u>N/A</u>

Location	Type of Insulation	Thickness	R-Value
Floors	fiberglass	3.50	22
Exterior	fiberglass	7.00	11
Ceilings	cellulose	8.90	33

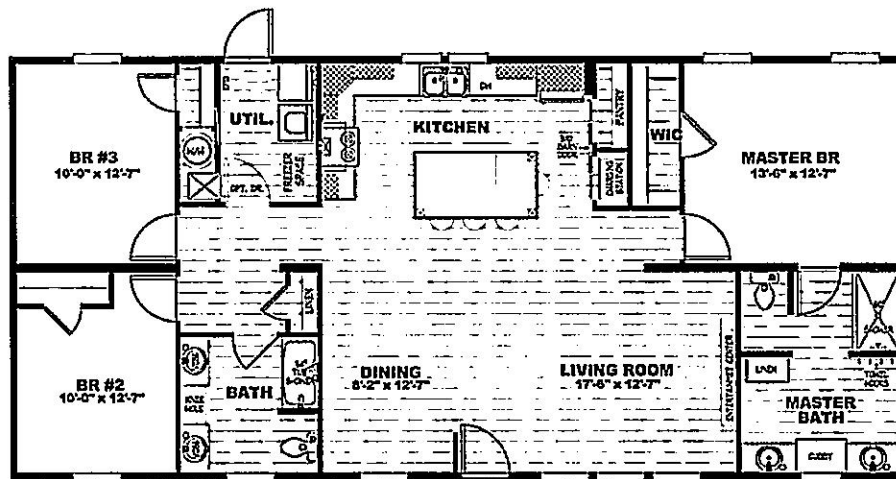
This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.

SELLER:	BUYER:
	
CMH Homes, Inc. d/b/a -	Signature of: Teayra Jones
	Signature of: _____
CLAYTON HOMES SANFORD, NC 1921 KELLER ANDREWS RD SANFORD NC 27330	Signature of: _____
	Signature of: _____





ISLAND BREEZE 56'



ISLAND BREEZE 56' Model number: 29NOW28563IH19

3 beds • 2 baths • 1568 sq.ft. • 28' width • 56' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (919) 774-1125 to speak with a Home Consultant. Copyright 2017, CMH. All rights reserved.

<https://www.claytonhomesofsanford.com>

**CLAYTON HOMES-
SANFORD**

**1921 KELLER ANDREWS RD.
SANFORD, NC 27380**

**Monday - Thursday: 9am to 6pm
Friday: 9am to 6pm
Saturday: 9am to 5pm
Sunday: Closed**

(919) 774-1125