

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: Phyllis Rogers Address: 162 Gilchrist Rd.
City: Cameron State: NC Zip: 28326 Daytime Phone: 919 842-4099

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: Autryville State: NC Zip: 28318
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: 16 X 76 **Complete & follow zoning criteria sheet**

Park Name: N/A 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

4/20/2020
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.

IRMA C. GALINDO
D.B. 3761, PG. 220

TRACT 6
P.C. D, SL. 111-A

ELIZABETH P. HO
D.B. 3612, PG.

CONTROL CR.
EIP

SERVICE
POLE

19,962 sq. ft.
(0.46 AC.)

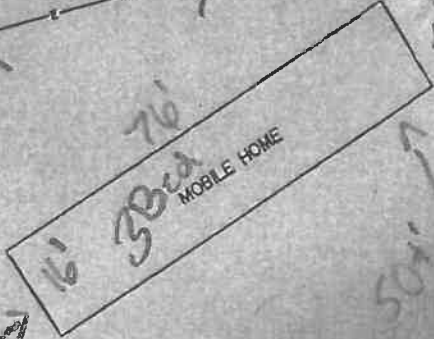
S. 33° 33' 32" E
199.58'

Septic
tank

SERVICE
POLE

N. 33° 33' 38" W
198.88'

OF THE PHYLLIS LYNNE ROGERS
D.B. 3612, PG. 51 HARNETT



METHOD

SHARON P. FORMAN
D.B. 3612, PG. 53

100.00'
S. 38° 26' 21" W

Christy RD.

1143 60'

HTE# 3285 2001-0022

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME: Phyllis Lynn Rogers PHONE # 919-842-4059

ADDRESS 162 Geddes Rd Cameron N.C. 28326

NAME OF MOBILE HOME PARK OR S/D _____

NAME OF OWNER (IF DIFFERENT) _____

ADDRESS OF OWNER (IF DIFFERENT) _____

PROPERTY LOCATION: STATE ROAD NAME AND # SR 1143 Geddes Rd

PURPOSE OF INSPECTION:

Reduce SWM.H

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If this system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

- (1) the intended use of the septic system should change, and/or
- (2) the system should fail or malfunction, and/or
- (3) the owner or tenant of the property changes, and/or
- (4) after six months

BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

AUTHORIZATION OF EXISTING SYSTEM

James E. Markant JR 2845
Signature of Environmental Health Specialist

1-28-20
Date

1376327

SALES AGREEMENT

DATE: 4/10/2020
 BUYER(S): Phyllis Lynne Rogers

ADDRESS: 162 GILCHRIST RD CAMERON NC 28326

DELIVERY ADDRESS: 162 GILCHRIST RD CAMERON NC 28326

TELEPHONE: _____ SALES PERSON FULL NAME: Justin Emmons

BASE PRICE: \$63,969.90
 State Tax: \$1,519.29
 Local Tax: \$.00

Make: CMH Model: 29ANN16763PH20
 Year: N/A Length: N/A Width: N/A Stock#: 409566
 Serial No.: OHC029340NC New Used

1. CASH PRICE \$65,489.19

TRADE: Make: FREEDOM Model: FREEDOM
 INDUSTR
 Year: 1992 Length: 60 Width: 14 Title #: 771337151425047
 Serial No.: HONC56414CK3514825

TITLE FEES \$52.00
 Federal Warranty Service Corporation \$854.93
 (Including Sales Tax paid to State: \$55.93)

Amount owed will be paid by: Buyer Seller
 Owed to: _____

OPTIONS: HBPP included, 14 seer split system heat pump,

2. TOTAL PACKAGE PRICE \$66,396.12

SELLER RESPONSIBILITIES: home to be delivered and set up per code, vinyl skirting not to exceed 36 in average height, plumbing and electric connections to existing systems within 9ft of the home

Trade Allowance \$4,500.00
 Less Amount Owed \$.00
 Trade Equity \$4,500.00
 Cash Down Payment \$1,000.00

BUYER RESPONSIBILITIES: provide septic and zoning permit, any and all surveying needs and not mentioned construction or landscaping Customer installing Steps per code

May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.

3. LESS ALL CREDITS \$5,500.00

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 7.25% NUMBER OF YEARS 23 ESTIMATED MONTHLY PAYMENTS \$474.00

4. REMAINING BALANCE \$60,896.12

Buyer(s) agree: (1) that the terms and conditions on page two are part of this agreement; (2) to purchase the above home including the options; (3) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

Location	Type of Insulation	Thickness	R-Value
Floors	Fiberglass	7.50	22
Exterior	Fiberglass	3.50	11
Ceilings	Cellulose	8.80	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:

4/10/2020

Phyllis Lynne Rogers
4/10/2020

CMH Homes, Inc. d/b/a -

Signature of: Phyllis Lynne Rogers

Stephen Wheeler

CLAYTON HOMES SANFORD, NC
 1921 KELLER ANDREWS RD
 SANFORD NC 27330

Signature of: _____

Signature of: _____

Signature of: _____

