

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: Jose mendoza Address: 116 Char lin Dr
City: Sanford State: NC Zip: 27332 Daytime Phone: 919-498-4806

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

Name: EJ womack enterprises Address: 1947 S Harner Blvd
City: Sanford State: NC Zip: 27330 Daytime Phone: (919) 774-379

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: Raven Rock M+H Movers
Phone: 919-75-3666 Address: 1947 S Harner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: _____
- B. **Electrical Contractor** Company Name: Daniel Hash
Phone: 919-95-4496 Address: 63 mercy Ln
City: Broadway State: NC Zip: 27505
State Lic# 23349 Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
Phone: 919-708-8340 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27332
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Jose mendoza
Phone: 919-498-4806 Address: 116 Char lin Dr
City: Sanford State: NC Zip: 27332
State Lic# Self Email: N/A

Part III - Manufactured Home Information

Model Year: 1999 Size: 28 x 66 **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

4/8/20
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.

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES**

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) Jose mendloza		PHONE 919-498-4806	DATE 4/8/20
ADDRESS 116 Charlin Dr Sanford NC 27332		SALESPERSON EJ Womack	
DELIVERY ADDRESS 44 Bent Tree Ct Lillington NC 27546			
MAKE & MODEL Fleetwood	YEAR 1999	BEDROOMS 3	FLOOR SIZE 6628
SERIAL NUMBER	COLOR	HITCH SIZE 66	STOCK NUMBER
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		PROPOSED DELIVERY DATE	
LOCATION		R-VALUE	THICKNESS
TYPE OF INSULATION			

CEILING			
EXTERIOR			
FLOORS			

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.

BASE PRICE OF UNIT	\$ 69,000.00
OPTIONAL EQUIPMENT	INC
SUB-TOTAL	\$ 69,000.00
SALES TAX	INC

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	
<p align="center" style="font-size: 2em;">Sold AS IS</p> <p align="center" style="font-size: 2em;">where IS</p>	\$
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$	

NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
CASH PURCHASE PRICE	\$ 69,000.00
TRADE-IN ALLOWANCE \$	
LESS BAL. DUE on above \$	
NET ALLOWANCE \$	
CASH DOWN PAYMENT \$	
CASH AS AGREED \$	
LESS TOTAL CREDITS	\$
SUB-TOTAL	\$
SALES TAX (If Not Included Above)	
Unpaid Balance of Cash Sale Price	\$ 69,000.00

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

ESTIMATED RATE OF FINANCING _____ %

NUMBER OF YEARS _____

ESTIMATED MONTHLY PAYMENTS \$ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.

BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

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 OF 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.

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR
AMOUNT OWING TO WHOM		
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER		

<p align="center">E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES</p> <p align="center">DEALER</p>	<p>SIGNED X Jose Mendloza BUYER</p> <p>SOCIAL SECURITY NO. _____ / ____ / ____</p> <p>SIGNED X _____ BUYER</p> <p>SOCIAL SECURITY NO. _____ / ____ / ____</p>
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Approved By