

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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: Rigoberto Gopar Address: 147 EJ Estates DV  
City: Broadway State: NC Zip: 27505 Daytime Phone: 919-498-4806

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

Name: EJ Womack Enterprises Address: 1947 S Homev Blvd  
City: Senferd State: NC Zip: 27330 Daytime Phone: 919-715-3600

**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: Haven Rock MH Movers  
Phone: 919-715-3600 Address: 1947 S Homev Blvd  
City: Senferd State: NC Zip: 27330  
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Rigoberto Gopar  
Phone: 919-498-4806 Address: 147 EJ Estates DV  
City: Broadway State: NC Zip: 27505  
State Lic# Self Email: N/A
- C. **Mechanical Contractor** Company Name: Rigoberto Gopar  
Phone: 919-498-4806 Address: 147 EJ Estates DV  
City: Broadway State: NC Zip: 27505  
State Lic# Self Email: N/A
- D. **Plumbing Contractor** Company Name: Rigoberto Gopar  
Phone: 919-498-4806 Address: 147 EJ Estates DV  
City: Broadway State: NC Zip: 27505  
State Lic# Self Email: N/A

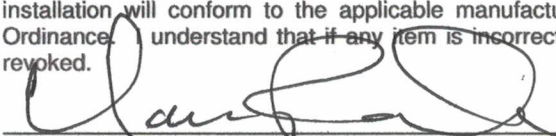
**Part III - Manufactured Home Information**

Model Year: 1989 Size: 24 x 44

*Complete & follow zoning criteria sheet*

Park Name: Peach Farm 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 of Home Owner or Agent

6/3/20  
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) <b>Rigoberto Gopar</b>	PHONE <b>919-498-4806</b>	DATE <b>6/3/20</b>
ADDRESS <b>147 ET Estates Dr Broadway NC 27505</b>	SALESPERSON <b>ET WOMACK</b>	
DELIVERY ADDRESS <b>45 Bent Tree Ct Lillington NC 27546</b>		
MAKE & MODEL <b>Fleetwood</b>	YEAR <b>1989</b>	BEDROOMS <b>3</b>
	FLOOR SIZE <b>L 44 W 24</b>	HITCH SIZE <b>L 44 W 24</b>
SERIAL NUMBER	COLOR	PROPOSED DELIVERY DATE
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING				OPTIONAL EQUIPMENT	\$ <b>55,000.00</b>
EXTERIOR					<b>inc</b>
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.				SUB-TOTAL	\$ <b>55,000.00</b>
				SALES TAX	<b>inc</b>

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS			
			\$	VARIOUS FEES AND INSURANCE			
<p><b>Sold home with lot where is as is</b></p>				CASH PURCHASE PRICE			
				TRADE-IN ALLOWANCE	\$	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	
				LESS BAL. DUE on above	\$		
				NET ALLOWANCE	\$		
				CASH DOWN PAYMENT	\$		
CASH AS AGREED	\$						
				LESS TOTAL CREDITS	\$		
				SUB-TOTAL	\$ <b>55,000.00</b>		
				SALES TAX (If Not Included Above)			
				Unpaid Balance of Cash Sale Price	\$ <b>55,000.00</b>		

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.

BALANCE CARRIED TO OPTIONAL EQUIPMENT	\$
<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.</b>	
DESCRIPTION OF TRADE-IN	YEAR
MAKE	MODEL
TITLE NO.	SERIAL NO.
AMOUNT OWING TO WHOM	COLOR
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER	

**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.**

E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES	DEALER	SIGNED X <b>Rigoberto Gopar</b>	BUYER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SOCIAL SECURITY NO.	
Approved By		SIGNED X	BUYER
		SOCIAL SECURITY NO.	