

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: Daniel Cortes Address: 85 Bent Tree Ct
City: Lillington State: NC Zip: 27546 Daytime Phone: 919-498-4806

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

Name: EJ Wamack Ent Address: 1947 Sharner Blvd
City: Sanford State: NC Zip: 27330 Daytime Phone: 919-775-3600

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

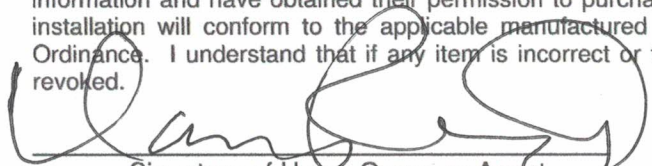
Name, address, & phone must match information on license

- A. **Set-Up Contractor** Company Name: Raven Rock Mt Movers
Phone: 919-775-3600 Address: 1947 Sharner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Daniel Cortes
Phone: 919-498-4806 Address: 85 Bent Tree Ct
City: Lillington State: NC Zip: 27546
State Lic# Self Email: NA
- C. **Mechanical Contractor** Company Name: Daniel Cortes
Phone: 919-498-4806 Address: 85 Bent Tree Ct
City: Lillington State: NC Zip: 27546
State Lic# Self Email: N/A
- D. **Plumbing Contractor** Company Name: Danie Bent Tree Ct
Phone: 919-498-4806 Address: 85 Bent Tree Ct
City: Lillington State: NC Zip: 27546
State Lic# Self Email: N/A

Part III - Manufactured Home Information

Model Year: 2000 Size: 28 x 60 **Complete & follow zoning criteria sheet**
Park Name: Peach farm Lot Number: 39

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

8/17/20
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) Daniel Cortes PHONE 910-498-4806 DATE 8/17/20
 ADDRESS 85 Bent Tree Ct Lillington NC SALES PERSON EJ Womack
 DELIVERY ADDRESS 85 Bent tree ct Lillington NC
 MAKE & MODEL Champion YEAR 2000 BEDROOMS 3 FLOOR SIZE 80 W 28 L 60 HITCH SIZE 18 STOCK NUMBER
 SERIAL NUMBER _____ COLOR _____ PROPOSED DELIVERY DATE _____ KEY NUMBERS _____
 NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING				\$39,000.00
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.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		SALES TAX
NON-TAXABLE ITEMS		
VARIOUS FEES AND INSURANCE		
CASH PURCHASE PRICE		\$39,000.00
TRADE-IN ALLOWANCE	\$	
LESS BAL. DUE on above	\$	
NET ALLOWANCE	\$	
CASH DOWN PAYMENT	\$5000.00	
CASH AS AGREED	\$	
LESS TOTAL CREDITS		\$
SUB-TOTAL		\$34,000.00
SALES TAX (If Not Included Above)		
Unpaid Balance of Cash Sale Price		\$34,000.00

Sold
AS
IS

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.

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ _____

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 DEALER BUYER

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

SIGNED X Daniel Cortes BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____

Approved By [Signature]