

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: Angelo Trapani Address: 401 Sunrise Dr
City: Cameron State: NC Zip: 28326 Daytime Phone: (919-356-4617)

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

Name: Sme 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: Raven Rock MHI Movers
Phone: 919-755-3600 Address: 1947 S Holmer Blvd S
City: Sartford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Daniel Dash
Phone: 919-356-4496 Address: 63 mercer 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: Sartford State: NC Zip: 27330
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Angelo Trapani
Phone: 919-356-4617 Address: 401 Sunrise Dr
City: Cameron State: NC Zip: 28326
State Lic# SELF Email: N/A

Part III - Manufactured Home Information

Model Year 2021 Size: 32x76 **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

3/9/21
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) Angelo & Brenda Trapani PHONE 419-356-4617 DATE 7-30-20
 ADDRESS 401 Sunrise Dr, Cameron, NC 28324 SALESPERSON Chris
 DELIVERY ADDRESS lot 7 Sunrise Dr Cameron, NC 28324
 MAKE & MODEL Champions 3276-10 YEAR 2021 BEDROOMS 3 FLOOR SIZE L 76 W 72 HITCH SIZE L 80 W 32 STOCK NUMBER
 SERIAL NUMBER TBD COLOR ASAP PROPOSED DELIVERY DATE ASAP KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

BASE PRICE OF UNIT	
OPTIONAL EQUIPMENT	<u>INC.</u>
SUB-TOTAL	\$164990

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

SALES TAX	<u>INC.</u>
NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	<u>NA</u>

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

	\$
<u>Del & Set to County Codes</u>	
<u>Brick foundation</u>	
<u>Heat pump</u>	
<u>Plumbing Hook up</u>	
<u>Electrical Hook up</u>	
<u>Permits</u>	
<u>Backfill</u>	
<u>Sales tax</u>	
<u>(Xtree)</u>	
<u>4x4 std steps</u>	
<u>8x16 Puck</u>	
<u>8x20 Shed Corner</u>	
<u>Country Fair Homes will pay up to \$5500 in closing cost and all prepays</u>	
BALANCE CARRIED TO OPTIONAL EQUIPMENT	\$

CASH PURCHASE PRICE	
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	<u>\$9990 cc</u>
CASH AS AGREED	\$
LESS TOTAL CREDITS	\$
SUB-TOTAL	\$155,000 cc
SALES TAX (If Not Included Above)	
Unpaid Balance of Cash Sale Price	\$155,000

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 x
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
 Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
 1 By Chris Del
 A PLAIN LANGUAGE PURCHASE AGREEMENT

SIGNED BY Angelo Trapani BUYER
 SOCIAL SECURITY NO. 15732-2435
 SIGNED BY Brenda Trapani BUYER
 SOCIAL SECURITY NO. 78750 4280
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