

**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: Chris + Jona Ennis Address: 2355 NC 27 East  
City: Lillington State: NC Zip: 27546 Daytime Phone: ( 919-775-3600 )

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

Name: Same 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 MH Movers  
Phone: 919-775-3600 Address: 1947 S Hwy 107 Blvd  
City: Sanford State: NC Zip: 27330  
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Daniel Dash  
Phone: 919-935-4496 Address: 63 Mercy Ln  
City: Broadway State: NC Zip: 27505  
State Lic# 23349 Email: N/A
- C. **Mechanical Contractor** Company Name: Lin 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: Chris + Jona Ennis  
Phone: 919-775-3600 Address: 2355 NC 27 East  
City: Lillington State: NC Zip: 27546  
State Lic# Self Email: N/A

**Part III - Manufactured Home Information**

Model Year: 2021 Size: 32x68 **Complete & follow zoning criteria sheet**  
Park Name: private lot 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

4/22/21  
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.

# EJ Womack Enterprises Inc DBA Country Fair Homes

1947 S Horner Blvd  
Sanford NC 27330  
919-775-3600 Fax 919-775-7533

BUYER(S) <b>Christopher Ennis</b>		PHONE <b>910-464-7105</b>	DATE
ADDRESS <b>3305 Old Stage Rd Coats NC</b>		SALESPERSON <b>EJ Womack</b>	
DELIVERY ADDRESS			
MAKE & MODEL <b>Dutch 3268</b>	YEAR <b>2021</b>	BEDROOMS <b>3</b>	FLOOR SIZE L <b>68</b> W <b>30</b>
SERIAL NUMBER	COLOR	PROPOSED DELIVERY DATE	HITCH SIZE L <b>72</b> W <b>30</b>
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		STOCK NUMBER	
		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$161,000.00
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS				<b>SUB-TOTAL</b>	<b>\$161,000.00</b>

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	NON-TAXABLE ITEMS
<b>Delivery Setup</b> <b>Trim</b> <b>Plumbing</b> <b>Electrical</b> <b>2 Set steps</b> <b>Heat pump</b> <b>Brick underpinning</b> <b>Permits</b> <b>Septic Est 3000.00</b>  <b>Customer Responsibility</b> <b>Drive way pipe</b> <b>Land</b> <b>Run water to house</b> <b>From Tap</b> <b>Closing cost 7500.00</b>	SALES TAX VARIOUS FEES AND INSURANCE <b>CASH PURCHASE PRICE</b> \$ TRADE-IN ALLOWANCE \$ LESS BAL. DUE on above \$ NET ALLOWANCE <b>Land \$6000.00</b> CASH DOWN PAYMENT \$ CASH AS AGREED \$ <b>LESS TOTAL CREDITS</b> \$ <b>SUB-TOTAL</b> <b>\$155,000.00</b> SALES TAX (If Not Included Above)
<b>Unpaid Balance of Cash Sale Price</b>	<b>\$155,000.00</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.

**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		

**EJ Womack Enterprises Inc DBA Country Fair Homes** DEALER  
*Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent*

SIGNED X \_\_\_\_\_ BUYER  
 SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 SIGNED X \_\_\_\_\_ BUYER  
 SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Approved By: \_\_\_\_\_