

BRES2104-0022
EH 2105-0009

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: Brenda Glover Address: 840 Bethel Baptist Rd
City: Spring Lake State: NC Zip: _____ Daytime Phone: () _____

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

Name: _____ 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: 919-715-3600 Address: 1947 S hwy 131 Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Daniel Dash

Phone: 919-499-3128 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: Thomas Plumbing + Repair

Phone: 919-895-2732 Address: 841 McArthur Rd
City: Broadway State: NC Zip: 27505
State Lic# 12286 Email: N/A

Part III - Manufactured Home Information

Model Year: 2021 Size: 16x76 **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

12/3/21
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) <i>Brenda F. Glover</i>		PHONE <i>919 920 6631</i>	DATE <i>3-9-201</i>
ADDRESS <i>840 Bethel Baptist Rd Spring Lake</i>		SALESPERSON <i>[Signature]</i>	
DELIVERY ADDRESS			
MAKE & MODEL <i>Champion Pucka 16x76-12</i>	YEAR <i>2011</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>L 76 W 15.4 L 90 W 15.2</i>
SERIAL NUMBER	COLOR	PROPOSED DELIVERY DATE	STOCK NUMBER
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS					
SUB-TOTAL					\$ 91382.00

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
<i>Delries set</i>	
<i>RAIK FOUNDATION</i>	
<i>6x10 Stoop Front</i>	
<i>Rear Treated Steps</i>	
<i>Heat Pump SPLIT</i>	
<i>Plumbing</i>	
<i>ELECTRICAL</i>	
<i>Permits</i>	
	VARIOUS FEES AND INSURANCE
	CASH PURCHASE PRICE
	TRADE-IN ALLOWANCE \$
	LESS BAL. DUE on above \$
	NET ALLOWANCE \$
	CASH DOWN PAYMENT \$ <i>8000.00</i>
	CASH AS AGREED \$
	LESS TOTAL CREDITS
	SUB-TOTAL
	SALES TAX (If Not Included Above)
	Unpaid Balance of Cash Sale Price \$ <i>74682.44</i>

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.

Axles belong to Country Fair

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 <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER		

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.

EJ Womack Enterprises Inc DBA Country Fair Homes

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

Approved By *[Signature]* DEALER

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____ / _____ / _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____ / _____ / _____