

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: Samantha Lopez Address: 64 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: ET Womack Enterprises Address: 1947 S Harner Blvd

City: Seaford 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 S Harner Blvd

City: Seaford State: NC Zip: 27330

State Lic# 3400 Email: N/A

B. Electrical Contractor Company Name: Samantha Lopez

Phone: 919-498-4806 Address: 64 Bent Tree Ct

City: Lillington State: NC Zip: 27546

State Lic# Self Email: N/A

C. Mechanical Contractor Company Name: Tin Shop

Phone: 919-708-8310 Address: 3489 Edwards Rd

City: Seaford State: NC Zip: 27332

State Lic# 22513 Email: N/A

D. Plumbing Contractor Company Name: Samantha Lopez

Phone: 919-498-4806 Address: 64 Bent Tree Ct

City: Lillington State: _____ Zip: _____

State Lic# Self Email: N/A

Part III - Manufactured Home Information

Model Year: 1985 Size: 28 X 60 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]
Signature of Home Owner or Agent

9/21/18
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) Smaytha Lopez PHONE 919-498-4800 DATE 9/21/21

ADDRESS _____ SALES PERSON EJ Womack

DELIVERY ADDRESS 44 Bent Tree Ct Lillington NC 27546

MAKE & MODEL Fleetwood YEAR 1985 BEDROOMS 3 FLOOR SIZE 60 HITCH SIZE _____ STOCK NUMBER _____
SERIAL NUMBER used- COLOR _____ PROPOSED DELIVERY DATE _____ KEY NUMBERS _____

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	OPTIONAL EQUIPMENT
CEILING				\$ <u>67400.00</u>	
EXTERIOR					
FLOORS				SUB-TOTAL	

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
	VARIOUS FEES AND INSURANCE
	CASH PURCHASE PRICE

SOLD AS IS WITH LAND

TRADE-IN ALLOWANCE	\$	
LESS BAL. DUE on above	\$	
NET ALLOWANCE	\$	
CASH DOWN PAYMENT	\$ <u>9000.00</u>	
CASH AS AGREED	\$	
LESS TOTAL CREDITS		\$
SUB-TOTAL		\$
SALES TAX (If Not Included Above)		
Unpaid Balance of Cash Sale Price		\$ <u>54400.00</u>

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 78 Payments
ESTIMATED MONTHLY PAYMENTS \$ 700.00

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	X	BEDROOMS
MAKE _____	MODEL _____	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
Approved By [Signature]

SIGNED X [Signature] BUYER
SOCIAL SECURITY NO. _____
SIGNED X _____ BUYER
SOCIAL SECURITY NO. _____