

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: Elizabeth Oakes Address: 231 Tangerine Ln
City: Bunnlevel State: NC Zip: 28328 Daytime Phone: () 910 723 3868

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: Harris Mobile Home
Phone: 910 973 3129 Address: 7899 Chicken Foot Rd
City: Saint Pauls State: NC Zip: 28384
State Lic# 47578 Email: James.harris.nc@outlook.com

B. Electrical Contractor Company Name: Power Source Electrical
Phone: 910 423 7209 Address: 6227 Twigg Ct
City: Hope Mills State: NC Zip: 28348
State Lic# 13791 Email: _____

C. Mechanical Contractor Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

D. Plumbing Contractor Company Name: ~~Harris Mobile Home~~ Creswell Plumbing
Phone: 910 644 8505 Address: 1170 NC Hwy 50 S
City: Newton Grove State: NC Zip: 28366
State Lic# 33354 Email: _____

Part III - Manufactured Home Information

Model Year: 1998 Size: 28 x 76 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.

Elizabeth Oakes
Signature of Home Owner or Agent

1/7/08
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.

Reorder from **JB Jenkins Business Forms** 1-800-851-4424

Faith Homes and Investments
 PO Box 1472
 Sharpsburg, NC 27878
 Ph (252) 210-9310 Fax (252) 210-9311
 Specializing in Used/Repo Mobile Homes

005137

BUYER(S) <u>Elizabeth Louise Oakes</u>		PHONE <u>910-723-3869</u>	DATE <u>8-10-21</u>
ADDRESS <u>201 Riverdell Dr Fayetteville NC</u>		SALESPERSON <u>Jason</u>	
DELIVERY ADDRESS		YEAR <u>1998</u>	BEDROOMS <u>N/A</u>
MAKE & MODEL <u>Palma Harbor</u>		FLOOR SIZE <u>L76 W28</u>	HITCH SIZE <u>N/A</u>
SERIAL NUMBER <u>VPNC11493</u>		PROPOSED DELIVERY DATE <u>N/A</u>	STOCK NUMBER <u>580010358</u>
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		KEY NUMBERS <u>N/A</u>	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
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		BASE PRICE OF UNIT \$ <u>39,900</u>	
Dealer cash sale no warranty written now improved.		OPTIONAL EQUIPMENT	
		<u>Negotiated</u> - 12,771 95	
		SUB-TOTAL \$ <u>27,128</u> 95	
		SALES TAX <u>747</u> 00	
		<u>lot rent 125.00</u> 125 00	
		NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
		CASH PURCHASE PRICE \$ <u>28,000</u> 00	
		TRADE-IN ALLOWANCE \$	
		LESS BAL. DUE on above \$	
		NET ALLOWANCE \$	
		CASH DOWN PAYMENT \$	
		CASH AS AGREED \$	
		LESS TOTAL CREDITS \$	
		SUB-TOTAL \$	
		SALES TAX (If Not Included Above)	
		Unpaid Balance of Cash Sale Price \$ <u>0</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.			
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$		ESTIMATED RATE OF FINANCING _____ %	
		NUMBER OF YEARS <u>0</u>	
		ESTIMATED MONTHLY PAYMENTS \$ <u>0</u>	
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.		SIGNED X <u>Elizabeth Louise Oakes</u> BUYER	
DESCRIPTION OF TRADE-IN		SOCIAL SECURITY NO. _____ / _____ / _____	
MAKE	MODEL	SIGNED X _____ BUYER	
TITLE NO.	SERIAL NO.	SOCIAL SECURITY NO. _____ / _____ / _____	
AMOUNT OWING TO WHOM	COLOR		
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			
Approved By <u>Faith Homes & Investments</u>		DEALER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent			

Date: _____

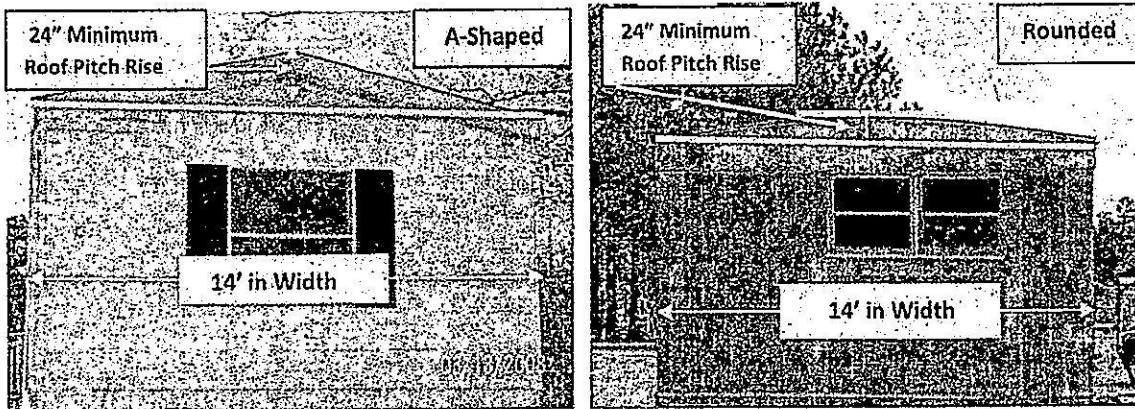
Application# _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

I, Elizabeth Oakes understand that because I'm located in a RA-20R or RA-20M Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

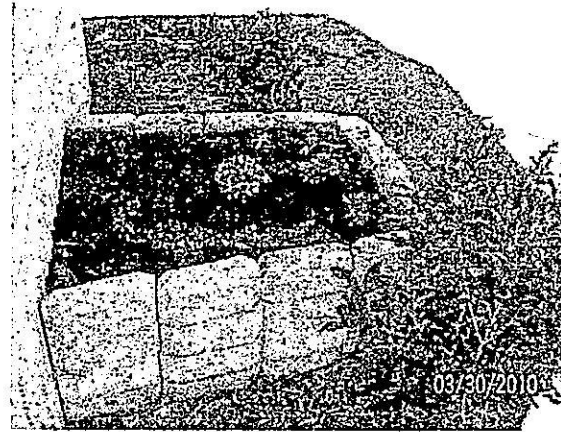
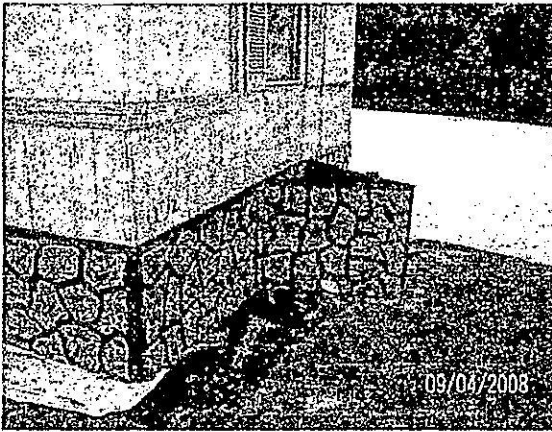
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)



Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1st 1976.

Elizabeth Oakes

Signature of Property Owner / Agent

1/7/22

Date

- By signing this form the owner / agent is stating that they have read and understand the information on this form.