Application # BRES 220

Harnett County Central Permitting
PO Box 65 Lillington, NC 27540
910-803 7554 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)

Home Own	per Information:
Name Q	CKY Allen Address: 59 Preferred to owner of the manufactured home)
City U	1 State: NC Zip 275/6 Daytime Phone 910-824-01
Landowne	r Information (To be completed by landowner, if different than above)
Name:	Address:
City:	State: Zip: Daytime Phone: ()
Part II - C	ontractor Information (To be completed by Contractors or Homeowner, if applicable.
	Name, address. & phone must match information on license)
Ph	none: 919-775-3600 Address: 19475 horner Bluc
Ci	ty: Sinford State: DC Zip: 27330
St	ate Lic# 3400 Email: N/A
B. El	ectrical Contractor Company Name: Vance Gust
Ph	none:99-356-2225 Address: 6401 Reeves Dr
Ci	ty: Scheed State: NC Zip:07332
	ate Lic# 32US2 Email: N/A
	echanical Contractor Company Name: In Drop
	100 99-708-834D Address: 3489 Edwards Rd
	ty: Sancerd State: IOC Zip: 27332
	ate Lic#22513 Email: NIA
D. PI	umbing Contractor Company Name: https://www.html.
Ph	none: 919-499-8300 Address: 841 MCArthur pd
	ty: Broadly State: MC Zip: 27505
St	ate Lic# 12286 Email: $0/4$
Part III - N	Manufactured Home Information
Model Ver	ar:2022 Sizes 6 x 64 Complete & follow zoning criteria sheet
Park Nam	e: Private Lot Number:
information installation	ertify that I have the authority to apply for this permit, that the application is correct including the contractor and have obtained their permission to purchase these permits on their behalf, and that the construction or will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning I understand that I any item is incorrect or false information has been provided that this permit could be
Si	gnature of Home Owner or Agent 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) Ricky Allen,	Thelma	Ma	Lean AV	PHONE 10-82	4.0717	ATE 5.27-	22		
ADDRESS 59 Ping law	1 0+	1:11:	La AC	22546	SALESPERSON C	hris	ur r		
DELIVERY ADDRESS 9 Pine Level Ct. Lillister NC 27546 SALESPERSON Chris DELIVERY ADDRESS BY OF POND LA Bunnlevel, NC 28723									
MAKE & MODEL		17-	YI	EAR BEDROOMS F	LOOR SIZE HITCH SIZ		ER		
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CEILING R-VALUE THICKNESS TYPE (DEATION	OPTIONAL EQUIPMENT		ZNC.	_		
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				CASH AS AGREED	_				
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Heat Prag				Unpaid Balance of Cash Sale Price \$35,314 Compaid Balance of Cash Sale Price Ba					
Hear fing				conditions printe	d on the other side	of this Agreeme	ent are		
		Fe		agreed to as a pa	rt of this Agreement, atures. Buyer is pu	the same as if purchasing the	above		
	¥ j	10.7		described manufa	actured home; the op-	otional equipme	nt 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	%	0		
				NUMBER OF YEARS					
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			DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT						
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BALANCE CARRIED TO OPTIONAL E	OUIDMENT	•		THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED					
NOTE: WARRANTY AND EXCLUSIONS AND LIM		ES ON THE F	REVERSE SIDE.	THIS AGREEMENT. I UNDERSTAND THAT THIS					
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EJ Womack Enterprises Inc DBA	A Country Fair Ho	mes	SIG	ENED X KICKS	THE LO SECO	1	BUYER		
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Approved B				CIAL SECURITY NO	16-01-63	14	201: :		
FORM 500NC ® A PLA	AIN LANGUAGE PURC		PIGINAL	right ©1983 JENKINS BUSII	NESS FORMS • 800-851-4424	Rev	06/14		