

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: Jonathan Sykes Address: 3898 McDougald Rd
City: Lillington State: NC Zip: 27546 Daytime Phone: (314) 749-7015

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 M.H. Movers
Phone: 919-775-3600 Address: 1047 S Corner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Jonathan Sykes
Phone: 314-749-7015 Address: 3898 McDougald Rd
City: Lillington State: NC Zip: 27546
State Lic# SELF Email: N/A
- C. **Mechanical Contractor** Company Name: TIN SHOP
Phone: 919-708-8340 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27330
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Thomas plumbing & Repair
Phone: 919-499-8300 Address: 841 McArthur Rd
City: Broadway State: NC Zip: 27505
State Lic# 23349 Email: N/A

Part III - Manufactured Home Information

Model Year: 2021 Size: 28 X 56 **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.

Jonathan Sykes
Signature of Home Owner or Agent

8/29/22
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) Richard Lee and Odena Poole Kellam		PHONE 910-476-3843	DATE 8/11/21
ADDRESS 435 Maggie Lane Sanford NC 27332		SALESPERSON EJ Womack	
DELIVERY ADDRESS 435 Maggie Lane Sanford NC 27332			
MAKE & MODEL Cavalier 28x56	YEAR 2021	BEDROOMS 3	FLOOR SIZE 56
			HITCH SIZE 28
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	OPTIONAL EQUIPMENT
CEILING				\$115,518.00	
EXTERIOR					Land \$22,982.00
FLOORS					SUB-TOTAL \$138,500.00

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	SALES TAX
Delivery set Trim Electrical Plumbing Air Steps (3) Shirting Brick Taxes Footers Shearwall engineer letter 210 warranty	NON-TAXABLE ITEMS VARIOUS FEES AND INSURANCE CASH PURCHASE PRICE \$138,500.00 TRADE-IN ALLOWANCE \$ LESS BAL. DUE on above \$ NET ALLOWANCE Land \$22,982 CASH DOWN PAYMENT \$ CASH AS AGREED \$ LESS TOTAL CREDITS \$ SUB-TOTAL \$22,982.00 SALES TAX (If Not Included Above)

Closing Cost Pay by Seller's up to \$7000.00

wheels + axles return to factory

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

Unpaid Balance of Cash Sale Price \$115,518.00

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 x
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

Approved By _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____ / _____ / _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____ / _____ / _____