

Application # BRES2203-0052

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: KBC Group LLC Address: 2664 Timber Dr #333

City: Garner State: NC Zip: 27529 Daytime Phone: 614-256-6414

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 MH Movers
Phone: 919-715-3600 Address: 1947 S Horner Blvd
City: Somerset State: NC Zip: 27330
State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: WZ Electric LLC
Phone: 919-592-6249 Address: 4209 Bruce Dr
City: Wake Forest State: NC Zip: 27587
State Lic# 345600 Email: N/A

C. **Mechanical Contractor** Company Name: Raleigh Refrigeration and NC Comforts
Phone: 919-592-6249 Address: 2300 Mill Estates Ln
City: Raleigh State: NC Zip: 27606
State Lic# 33093 Email: NA

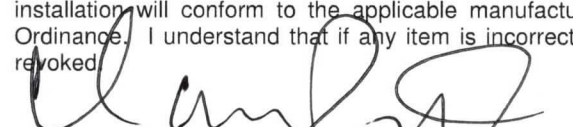
D. **Plumbing Contractor** Company Name: Thomas Plumbing + Repair
Phone: 919-499-8300 Address: 1841 McArthur Rd
City: Lillington State: NC Zip: 27505
State Lic# 12286 Email: N/A

Part III - Manufactured Home Information

Model Year: 1988 Size: 14x70 **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.

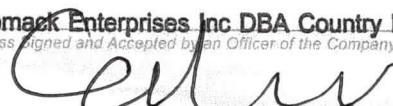

Signature of Home Owner or Agent

10/19/22
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 Homer Blvd
Sanford NC 27330
919-775-3600 Fax 919-775-7533

BUYER(S) KBC Group LLC		PHONE 614-256-6114		DATE 10/7/22			
ADDRESS: 2604 Timber Dr #333 Garner NC				SALESPERSON EJ Womack			
DELIVERY ADDRESS 128 Drive Ln Lillington NC 27541							
MAKE & MODEL Fleetwood		YEAR 1988	BEDROOMS 3	FLOOR SIZE 70 x 14	HITCH SIZE 70 W 14		
SERIAL NUMBER 58992		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		PROPOSED DELIVERY DATE			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION				
CEILING			BASE PRICE OF UNIT \$ 13,000.00				
EXTERIOR			OPTIONAL EQUIPMENT				
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.			SALES TAX				
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			NON-TAXABLE ITEMS				
Delivery & Setup only			VARIOUS FEES AND INSURANCE				
			CASH PURCHASE PRICE \$ 13,000.00				
			TRADE-IN ALLOWANCE	\$			
			LESS BAL. DUE on above	\$			
			NET ALLOWANCE	\$			
			CASH DOWN PAYMENT	\$			
CASH AS AGREED			\$				
LESS TOTAL CREDITS			\$				
SUB-TOTAL			\$ 13,000.00				
SALES TAX (If Not Included Above)			\$				
Unpaid Balance of Cash Sale Price			\$ 13,000.00				
<p>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.</p>							
ESTIMATED RATE OF FINANCING _____ %							
NUMBER OF YEARS _____							
ESTIMATED MONTHLY PAYMENTS \$ _____							
<p>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.</p> <p>BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.</p>							
<p>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.</p>							
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							
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			SIGNED X _____ BUYER				
Approved By 			SIGNED X _____ BUYER				
			SOCIAL SECURITY NO. _____				
			SOCIAL SECURITY NO. _____				