

Application # BRES 2204-0079

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: Christina Schall Address: 2039 Cameron Rd
City: Broadway State: NC Zip: 27505 Daytime Phone: 919-352-6030

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 Mt Movers
Phone: 919-75-3600 Address: 19475 Harney Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Vance Gost
Phone: 919-356-2225 Address: 6401 Reeves Dr
City: Sanford State: NC Zip: 27332
State Lic# 32452 Email: N/A
- C. **Mechanical Contractor** Company Name: Tn Shop
Phone: 919-708-8340 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27332
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Thomas Plumbing + Repair
Phone: 919- Address: 841 McArthur Rd
City: Broadway State: NC Zip: 27505
State Lic# 12286 Email: N/A

Part III - Manufactured Home Information

Model Year: 2022 Size: 32 x 76 Complete & follow zoning criteria sheet
Park Name: Private Lot 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

7/6/22
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) Christina Schall PHONE 919-352-6030 DATE 3/8/22

ADDRESS 2039 Cameron RD Broadway NC 27505 SALESPERSON

DELIVERY ADDRESS 309 Flat Branch RD Broadway NC 27505

MAKE & MODEL Clayton CEE32764AH YEAR BEDROOMS FLOOR SIZE HITCH SIZE STOCK NUMBER

SERIAL NUMBER TBD COLOR NEW USED PROPOSED DELIVERY DATE KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING				\$175,060.00
EXTERIOR				Inc
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

- Delivery
- Setup
- Brick
- Heat Pump
- Plumbing
- Electrical
- 3 set of steps
- permits
- septic tank est 4500\$
- water tap customer
- water line customer
- Footers + Shearwall
- Closing cost and all prepaids included up to 10000\$
- Termite
- 210 warranty
- Engineer letter
- Tires and axels returned to factory

NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
CASH PURCHASE PRICE	\$175,050.00
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$
CASH AS AGREED	\$

LESS TOTAL CREDITS	\$
SUB-TOTAL	\$175,050.00
SALES TAX (If Not Included Above)	
Unpaid Balance of Cash Sale Price	\$175,050.00

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.

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF REMEDY ARE SET FORTH 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 DEALER 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 Christina Schall BUYER
 SOCIAL SECURITY NO 246 67 0902
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO _____