

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: Levi + Amanda Wiles Address: 1564 Thompson Rd
City: Bunnlevel State: NC Zip: 28323 Daytime Phone: 910-658-3950

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 Mfg Movers
Phone: 919-775-3600 Address: 19475 Warner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Nance 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: Tin 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

6/20/22
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) <i>Levi & Amanda Wiles</i> | | PHONE <i>910 658 3950</i> | DATE <i>3-25-2022</i> |
| ADDRESS <i>220 Tactical Dr Bunnlevel NC 28323</i> | | SALESPERSON <i>EJ Womack</i> | |
| DELIVERY ADDRESS <i>1564 Thompson Rd Bunnlevel NC 28323</i> | | | |
| MAKE & MODEL <i>Clayton Epic</i> | YEAR <i>2022</i> | BEDROOMS | FLOOR SIZE L <i>76</i> W <i>32</i> L <i>80</i> W <i>32</i> |
| SERIAL NUMBER <i>56132</i> | <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED | COLOR <i>wht</i> | PROPOSED DELIVERY DATE <i>ASAP</i> |

| LOCATION | R-VALUE | THICKNESS | TYPE OF INSULATION | BASE PRICE OF UNIT | |
|----------|---------|-----------|--------------------|--------------------|---------------------------|
| CEILING | | | | | <i>\$179124 00</i> |
| EXTERIOR | | | | OPTIONAL EQUIPMENT | <i>26300 00</i> |
| FLOORS | | | | | |
| | | | | SUB-TOTAL | <i>\$205424 00</i> |

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 | | NON-TAXABLE ITEMS |
|-------------------------------------------|----|------------------------------------------|
| Home to be delivered, setup | \$ | VARIOUS FEES AND INSURANCE |
| to include heat pump electrical | | <i>\$210302 83</i> |
| hookup, plumbing to outside of | | CASH PURCHASE PRICE |
| house, brick skirting, septic tank | | TRADE-IN ALLOWANCE \$ |
| water tap, water line to house | | LESS BAL. DUE on above \$ |
| footers, land clearing wheels & | | NET ALLOWANCE \$ |
| axles to be returned to dealer | | CASH DOWN PAYMENT \$ |
| | | CASH AS AGREED \$ |
| | | LESS TOTAL CREDITS |
| | | <i>\$11000 00</i> |
| | | SUB-TOTAL |
| | | <i>\$</i> |
| | | SALES TAX (If Not Included Above) |
| | | Unpaid Balance of Cash Sale Price |
| | | <i>\$199302 83</i> |

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 |
| 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 *EJ Womack*

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____ / _____ / _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____ / _____ / _____