

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: Mariea A. McCray Address: 360 Pine Oak
City: Cameron State: NC Zip: 28326 Daytime Phone: 843-283-2106

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: Miller Mobile Home Movers
Phone: 910-308-1254 Address: 3600 Belridge Dr.
City: Fayetteville State: NC Zip: 28306
State Lic# 3674 Email: theophilusmiller@gmail.com
- B. Electrical Contractor Company Name: Triple A Electric
Phone: 919-353-1982 Address: 654 Seallars Rd.
City: Cameron State: NC Zip: 28326
State Lic# SP-SFD-25128 Email: johnson.ronnie95@gmail.com
- ~~C. Mechanical Contractor Company Name: _____
Phone: NO Address: HVAC
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____~~
- D. Plumbing Contractor Company Name: McDonald Plumbing
Phone: 919-770-0773 Address: 5321 Swanns Station Rd.
City: Sanford State: NC Zip: 27332
State Lic# 11824 Email: wcomer@windstream.net

Part III - Manufactured Home Information

Model Year: 2023 Size: 14 X 60 Complete & follow zoning criteria sheet

Park Name: Sweetbriar Estates Lot Number: 89

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.

Mariea A. McCray
Signature of Home Owner or Agent

5-1-23
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 Form 500 and if available, the serial number.
List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number

HEAVENLY HOMES
 4629 US HWY 70 W
 PRINCETON, NC 27569
 (919)735-4400 - FAX (919)735-4494
 buyheavenlyhomes.com

BUYER(S) <u>Marissa Ann McCray</u>		PHONE <u>843 283 2100</u>	DATE <u>4/25/23</u>
ADDRESS <u>5301 Ermosa Dr. Raleigh, NC 27610</u>		SALESPERSON <u>R. Jeff</u>	
DELIVERY ADDRESS <u>360 Pine Oak Cameron, NC 28326</u>			
MAKE & MODEL <u>Clayton 14602B Manufactured home</u>	YEAR <u>2023</u>	BEDROOMS <u>2</u>	FLOOR SIZE <u>L 60 W 14</u>
SERIAL NUMBER <u>TBA</u>	COLOR <u>Gray</u>	PROPOSED DELIVERY DATE <u>approx 2 weeks</u>	HITCH SIZE <u>L 64 W 14</u>
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR	<u>STD NC</u>	<u>Thermal</u>	<u>Zones</u>
FLOORS			
<small>THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.</small>			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT	
		\$ <u>39,900</u> ⁰⁰	
		OPTIONAL EQUIPMENT	
		<u>Extra 4ft * Extra bathroom</u>	
		\$ <u>2,000</u> ⁰⁰	
		SUB-TOTAL	
		\$	
		SALES TAX	
		\$ <u>950</u> ⁰⁰	
		NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
		CASH PURCHASE PRICE	
		\$ <u>42,850</u> ⁰⁰	
		TRADE-IN ALLOWANCE \$	
		LESS BAL. DUE on above \$	
		NET ALLOWANCE \$	
		CASH DOWN PAYMENT \$	
		CASH AS AGREED \$	
		LESS TOTAL CREDITS \$	
		SUB-TOTAL \$	
		SALES TAX (If Not Included Above)	
		Unpaid Balance of Cash Sale Price \$	
<small>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.</small>			
		ESTIMATED RATE OF FINANCING _____ %	
		NUMBER OF YEARS _____	
		ESTIMATED MONTHLY PAYMENTS \$ _____	
<small>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.</small>			
<small>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.</small>			
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			
HEAVENLY HOMES		SIGNED X <u>Marissa A. McCray</u> BUYER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SOCIAL SECURITY NO. _____	
Approved By <u>[Signature]</u>		SIGNED X _____ BUYER	
FORM 80001 ©		SOCIAL SECURITY NO. _____	