

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: Carl Wayne McNeil Address: PO Box 690
City: Broadway State: NC Zip: 27505 Daytime Phone: 910-391-8292

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: Haven Rock mH movers
Phone: 919-775-3600 Address: 1947 S Harner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Vance Gust
Phone: 919-356-7225 Address: 6401 Reeves Dr
City: Sanford State: NC Zip: 27330
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: _____

D. **Plumbing Contractor** Company Name: Thomas Plumbing + Repairs
Phone: 919-499-8300 Address: 841 McArthur Rd
City: Broadway State: NC Zip: 27505
State Lic# 12286 Email: N/A

Part III - Manufactured Home Information

Model Year: 2023 Size: 16 x 66 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]
Signature of Home Owner or Agent

6/28/23
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 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) CARL WAYNE McNEIL		PHONE 910 391 8292		DATE 6-28-2023			
ADDRESS PO Box 680 Broadway NC 27505			SALES PERSON EJ Womack				
DELIVERY ADDRESS 45 Lomie McLoan Ln Lillington NC 27546							
MAKE & MODEL CANUD 16X66		YEAR 2023	BEDROOMS 3	FLOOR SIZE 66 W 16 L 70 W 66	STOCK NUMBER		
SERIAL NUMBER CAV170 NC 23-10216 AX		COLOR	PROPOSED DELIVERY DATE 6-29-2023		KEY NUMBERS		
<input type="checkbox"/> NEW <input type="checkbox"/> USED							
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	67500.00		
CEILING				OPTIONAL EQUIPMENT			
EXTERIOR							
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	11%		
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS			
Home to be delivered setup to include HEAT Pump, Electrical, Plumbing VINYL SKirting, 2 sets steps wheels & Atlas to be returned				VARIOUS FEES AND INSURANCE			
				CASH PURCHASE PRICE		\$	67500.00
				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				\$	0		
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 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 EJ Womack			SIGNED X Carl Wayne McNeill BUYER				
			SOCIAL SECURITY NO. _____ / _____ / _____				
			SIGNED X _____ BUYER				
			SOCIAL SECURITY NO. _____ / _____ / _____				