

Application # BRES 207-0035

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: Laroya R Howard Address: 1101 Concord School Rd
City: Clinton State: NC Zip: 28328 Daytime Phone: (203) 809-3187

Landowner Information (To be completed by landowner, if different than above)

Name: EJ Womack Int Inc Address: 1947 S Harner Blvd
City: Sanford State: NC Zip: 27330 Daytime Phone: (919) 775-3600

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: 919-775-3600 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: 919-491-8300 Address: 841 McArthur Rd
City: Broadway State: NC Zip: 27505
State Lic# 12286 Email: N/A

Part III - Manufactured Home Information

Model Year: 2024 Size: 28-X68 **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

11/13/23
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) <i>Latoya Rayon Howard</i>		PHONE <i>203-809-3886</i>	DATE <i>6-13-23</i>
ADDRESS <i>1101 Concord School Rd. Clanton NC 28322</i>		SALESPERSON <i>Chris S</i>	
DELIVERY ADDRESS <i>Lot 23 Pine Oak Common, NC 28326</i>			
MAKE & MODEL <i>Clayton Tru28684R</i>	YEAR <i>2024</i>	BEDROOMS <i>4</i>	FLOOR SIZE <i>L 68 W 24</i>
SERIAL NUMBER <i>TBO</i>	COLOR <i>NEW</i>	PROPOSED DELIVERY DATE <i>ASAP</i>	HITCH SIZE <i>L 72 W 24</i>
STOCK NUMBER		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING					\$156,500.00
EXTERIOR				OPTIONAL EQUIPMENT	<i>2 INC.</i>
FLOORS				<i>Lead</i>	<i>72,500.00</i>
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.				SUB-TOTAL	\$
				SALES TAX	<i>2 INC.</i>

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		NON-TAXABLE ITEMS
<i>Del & Set of Trucoat</i>	\$	<i>NA</i>
<i>1 Brick Foundation</i>		<i>NA</i>
<i>Hot Pump</i>		
<i>Water Tap & Line</i>		
<i>Plumbing Hook up</i>		
<i>Electrical Hook up</i>		
<i>Sid. Stop</i>		
<i>Footers</i>		
<i>Sheerwall</i>		
<i>Paints</i>		
<i>Septic up to (\$4,500)</i>		
<i>Backfill</i>		
<i>Termite Treatment</i>		
<i>2-1/2 working</i>		
<i>Engineer letter</i>		
<i>Permit</i>		
<i>1-1/2" up to (\$10,000)</i>		
<i>Plusing cost of 1/2" (Property to be provided by CFH's) up to \$10,000</i>		
<i>(Tires & Axles will be Returned to the factory)</i>		
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$		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 <small>Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent</small>	DEALER	SIGNED X <i>Latoya Howard</i> BUYER SOCIAL SECURITY NO. <i>048 1 68 8691</i>
Approved By <i>Chris S</i>		SIGNED X _____ BUYER SOCIAL SECURITY NO. _____