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Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 ext. 1 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: Ivan Sucedo Address: 3570 Hillman Grove Rd
City: Cameron State: NC Zip: 28326 Daytime Phone: (919-897-4231)

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 horner Blvd
City: Soufrol State: NC Zip: 27330 Email: N/A
Setup Signature: Baley Jarp State Lic# 3400

B. **Electrical Contractor** Company Name: Ivan Sucedo
Phone: 919-897-4231 Address: 3570 Hillman Grove
City: Cameron State: NC Zip: 28326 Email: _____
Electrician's Signature: Ivan Sucedo State Lic# Self

C. **Mechanical Contractor** Company Name: Ivan Sucedo
Phone: 919-897-4231 Address: 3570 Hillman Grove
City: Cameron State: NC Zip: 28326 Email: _____
HVAC Signature: Ivan Sucedo State Lic# Self

D. **Plumbing Contractor** Company Name: Ivan Sucedo
Phone: 919-897-4231 Address: 3570 Hillman Grove
City: Cameron State: NC Zip: 28326 Email: _____
Plumber's Signature: Ivan Sucedo State Lic# Self

Part III – Manufactured Home Information

Model Year: 2022 Size: 28 X 56 **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 signatures, 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.

Ivan Sucedo
Signature of Home Owner or Agent

12/20/23
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) <u>Ivan Ashel Sauer</u>		PHONE <u>919-817-4231</u>	DATE <u>7/24/23</u>
ADDRESS <u>Leg Dana Dr Sanford NC 27332</u>		SALESPERSON <u>EJ Womack</u>	
DELIVERY ADDRESS <u>3570 Hillman Grove Rd Cameron NC 28320</u>			
MAKE & MODEL <u>Champion</u>	YEAR <u>2022</u>	BEDROOMS <u>3</u>	FLOOR SIZE <u>L 28 W 26</u>
			HITCH SIZE <u>L 56 W 26</u>
SERIAL NUMBER <u>7508</u>	COLOR	PROPOSED DELIVERY DATE	STOCK NUMBER
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	OPTIONAL EQUIPMENT	STOCK NUMBER
CEILING						
EXTERIOR						
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>				SUB-TOTAL		\$123,900.00
				SALES TAX		2880.67

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

Delivery + Setup Brick Heat pump Plumbing + Rec Area 2 set of steps Trim out permits	\$	NON-TAXABLE ITEMS VARIOUS FEES AND INSURANCE CASH PURCHASE PRICE TRADE-IN ALLOWANCE \$ LESS BAL. DUE on above \$ NET ALLOWANCE \$ CASH DOWN PAYMENT \$8000.00 CASH AS AGREED \$ LESS TOTAL CREDITS \$ SUB-TOTAL \$118,780.67 SALES TAX (If Not Included Above) Unpaid Balance of Cash Sale Price \$18,780.67
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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 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

SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____

Approved By _____
