

Application # BRES2309-0043

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: Daniel Arcangel Address: 31 Lands Ln
City: Broadway State: NC Zip: 27505 Daytime Phone: ()

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

Name: Troy Willett Address: 471 Paule Cox Rd
City: Sanford State: NC Zip: 27330 Daytime Phone: () 919-775-9445

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 Hanner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Vance Gust
Phone: 919-356-2225 Address: 1401 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: Raven Rock MH Movers
Phone: 919-775-3600 Address: 1947 S Hanner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A

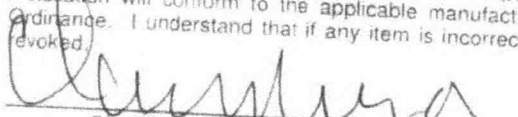
Part III - Manufactured Home Information

Model Year: 2024 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 of Home Owner or Agent

11/9/23
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.

SETUP

EJ Womack Enterprises Inc DBA Country Fair Homes

1947 S Homer Blvd
Sanford NC 27330
919-775-3600 Fax 919-775-7533

BUYER(S) Daniel M Arcangel		PHONE 919-632-6131		DATE 11/1/23	
ADDRESS 2915 Cool Springs Rd Broadway NC				SALESPERSON EJ Womack	
DELIVERY ADDRESS 31 T and S Ln Broadway NC 27505					
NAME & MODEL Cavco 1163A		YEAR 2024	BEDROOMS 3	FLOOR SIZE 66 W 16	HITCH SIZE 66 L 15 1/2
SERIAL NUMBER CAVNONC23-10451A X		COLOR		PROPOSED DELIVERY DATE ASAP	KEY NUMBERS
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED					
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$ 66,000.00
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS				SUB-TOTAL	\$ 66,000.00
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	1530.76
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS	
Delivery + Setup				VARIOUS FEES AND INSURANCE	
				CASH PURCHASE PRICE	
Electrical				TRADE-IN ALLOWANCE	\$
				LESS BAL. DUE on above	
Plumbing to Exterior of house				NET ALLOWANCE	\$
				CASH DOWN PAYMENT	
Vinyl Skirting				CASH AS AGREED	\$
				LESS TOTAL CREDITS	
2 set of steps				SUB-TOTAL	\$ 62,260.76
				SALES TAX (If Not Included Above)	
Heat Pump				Unpaid Balance of Cash Sale Price	\$ 62,260.96
				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.	
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					
EJ Womack Enterprises Inc DBA Country Fair Homes				DEALER	
SIGNED X <i>Daniel Arcangel</i>				BUYER	
Social Security NO. 100 / 52 / 0244					
SIGNED X _____				BUYER	
Social Security NO. _____					
Approved By <i>[Signature]</i>					