

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: Denny Lee Address: 30 Royal Ann Ln

City: Angier State: NC Zip: 27501 Daytime Phone: ( 910-263-1537 )

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: Raven Rock MH Movers

Phone: 919-775-3600 Address: 947 Shorner Blvd

City: Sanford State: NC Zip: 27330

State Lic# 3400 Email: N/A

B. Electrical Contractor Company Name: All Seasons Air-Conditioning

Phone: 910-868-6206 Address: 3981 Cumberland Rd

City: Fayetteville State: NC Zip: 28386

State Lic# 21207-U Email: N/A

C. Mechanical Contractor Company Name: Tim 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: 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: 2024 Size: 16x 66 Complete & follow zoning criteria sheet

Park Name: private land 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

3/25/24  
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.

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Criteria Certification

I, Denny Lee, landowner/agent of Parcel Identification Number 30 Bayat Ann Ln, located in an RA-30 Zoning District, do hereby certify the following:

The multi-section manufactured home shall meet the following appearance standards, verified by zoning inspection approval, prior to the issuance of a Certificate of Occupancy:

1. The structure must be a multi-section unit built to the HUD code for manufactured homes.
2. When located on the site, the longest axis of the unit must be parallel to the lot frontage.
3. The structure must have a pitched roof that is covered with material commonly used in standard residential roofing construction. Said material must be installed properly and be consistent in appearance.
4. The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.
5. The exterior siding must consist predominantly of vinyl, aluminum, wood, or hardboard; and must be comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction. Said exterior siding shall be in good condition, complete, and not damaged or loose.
6. The minimum lot size must be one (1) acre excluding any street right-of-way and the minimum lot frontage must be 150 feet as measured at the right-of-way line or along an easement whichever applies.
7. The tongue or towing device must be removed.

By signing this form, I acknowledge that I understand and agree to comply with each of the seven (7) appearance criteria listed above for the multi-section manufactured home I propose to place on the above referenced property. I further acknowledge that a Certificate of Occupancy (CO) entitling me to apply for electric service will not be issued until each appearance criteria has been met and approved.

Denny Lee  
\*Signature of Landowner/Agent

3/25/24  
Date

**\*By signing this form the owner/agent is stating that they have read and understand the information on this form**



# EJ Womack Enterprises Inc DBA Country Fair Homes

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

BUYER: <b>Denny Lee</b>		PHONE: <b>910-263-1537</b>	DATE: <b>3/12/24</b>
ADDRESS: <b>30 Royal Ann Ln Angier NC 27501</b>		SALESPERSON: <b>EJ Womack</b>	
DELIVERY ADDRESS: <b>30 Royal Anne Ln Angier NC 27501</b>			
MAKE & MODEL: <b>Carco 16663A</b>	YEAR: <b>2024</b>	BEDROOMS: <b>3</b>	FLOOR SIZE: <b>6616</b>
SERIAL NUMBER: <b>CAN170NC23-1066AX</b>	COLOR: _____	PROPOSED DELIVERY DATE: _____	STOCK NUMBER: <b>156</b>
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS: _____	

  

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$		
CEILING				OPTIONAL EQUIPMENT			
EXTERIOR							
FLOORS				<b>SUB-TOTAL</b>	<b>\$ 69,500.00</b>		
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	<b>INC</b>		
<b>OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES</b>				NON-TAXABLE ITEMS			
<p><b>Delivery and Setup</b></p> <p><b>Electrical</b></p> <p><b>Plumbing</b></p> <p><b>HVAC</b></p> <p><b>Steps</b></p>				VARIOUS FEES AND INSURANCE			
				<b>CASH PURCHASE PRICE</b>		\$	<b>69,500.00</b>
				TRADE-IN ALLOWANCE	\$		
				LESS BAL. DUE on above	\$		
				NET ALLOWANCE	\$		
CASH DOWN PAYMENT	\$						
CASH AS AGREED	\$						
<b>LESS TOTAL CREDITS</b>				\$			
<b>SUB-TOTAL</b>				\$	<b>69,500.00</b>		
SALES TAX (If Not Included Above)							
<b>Unpaid Balance of Cash Sale Price</b>				\$	<b>69,500.00</b>		
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 <small>Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent</small>	SIGNED X _____ BUYER SOCIAL SECURITY NO. _____ / _____ / _____ SIGNED X _____ BUYER SOCIAL SECURITY NO. _____ / _____ / _____
Approved By _____	