

EJ Womack Enterprises Inc DBA Country Fair Homes

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

BUYER(S) Drew Burris + Stacey Burris		PHONE 919-721-2236	DATE 9/7/23
ADDRESS 1150 Knight Rd Sanford NC 27332		SALESPERSON EJ Womack	
DELIVERY ADDRESS 1150 Knight Rd Sanford NC 27332			
MAKE & MODEL Champion	YEAR 2024	BEDROOMS 60	FLOOR SIZE 3260
SERIAL NUMBER Special Order	COLOR Clay	PROPOSED DELIVERY DATE ASAP	HITCH SIZE 3D
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT	
House includes - Delivery + Setup - Trimout - Brick underpinning - Electrical - Plumbing to exterior of home - Steps - Hed pump - Adding double vanity to half bath		OPTIONAL EQUIPMENT	
		SUB-TOTAL	
		SALES TAX	
		NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
		CASH PURCHASE PRICE	
		TRADE-IN ALLOWANCE	
		LESS BAL. DUE on above	
		NET ALLOWANCE	
		CASH DOWN PAYMENT	
CASH AS AGREED			
LESS TOTAL CREDITS		SUB-TOTAL	
BALANCE CARRIED TO OPTIONAL EQUIPMENT		SALES TAX (If Not Included Above)	
NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.		Unpaid Balance of Cash Sale Price	
DESCRIPTION OF TRADE-IN		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.	
MAKE	MODEL	ESTIMATED RATE OF FINANCING _____%	
TITLE NO.	SERIAL NO.	NUMBER OF YEARS _____	
AMOUNT OWING TO WHOM	COLOR	ESTIMATED MONTHLY PAYMENTS \$ _____	
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER		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.	

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 _____

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

Application # BRES 2311-0007
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: Drew + Stacey Burris Address: 1150 Knight Rd
City: Broadway State: NC Zip: 27505 Daytime Phone: 919-721-2236

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: Proven Rock with Movers
Phone: 919-775-3600 Address: 1401 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: 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: 919-49-8300 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 32-X WB 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

12.6.23
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.