

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: Silverio Alvarez Address: 65 Coastal Ct

City: Sonford State: NC Zip: 27332 Daytime Phone: ( ) \_\_\_\_\_

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: 919-75-3600 Address: 1947 S Harnett Blvd

City: Sonford State: NC Zip: 27330

State Lic# 3400 Email: N/A

B. Electrical Contractor Company Name: Silverio Alvarez

Phone: 919- Address: 65 Coastal Ct

City: Sonford State: NC Zip: 27332

State Lic# SELF Email: N/A

C. Mechanical Contractor Company Name: Tim Shop

Phone: 919-708-8340 Address: 3489 Edwards Rd

City: Sonford 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# 12284 Email: \_\_\_\_\_

Part III - Manufactured Home Information

Model Year: 2023 Size: 16x66 Complete & follow zoning criteria sheet

Park Name: Private Lot 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

3/20/24  
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.

# EJ Womack Enterprises Inc DBA Country Fair Homes

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

BUYER(S) <b>Silverio Alvarez</b>	PHONE <b>919-356-1455</b>	DATE <b>3/20/24</b>
ADDRESS <b>65 Coastal Ct Sanford NC 27332</b>	SALESPERSON <b>EJ Womack</b>	
DELIVERY ADDRESS <b>67 Coastal Ct Sanford NC 27332</b>	YEAR <b>2024</b>	BEDROOMS <b>3</b>
MAKE & MODEL <b>Champion</b>	FLOOR SIZE <b>606 W/L</b>	HITCH SIZE <b>L W</b>
SERIAL NUMBER <b>00137A</b>	COLOR	PROPOSED DELIVERY DATE
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT				
CEILING					\$60,000.00			
EXTERIOR				OPTIONAL EQUIPMENT				
FLOORS								
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	\$60,000.00			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				SALES TAX	INC			
DELIVER + SETUP  only				NON-TAXABLE ITEMS				
				VARIOUS FEES AND INSURANCE				
				CASH PURCHASE PRICE				\$69,000.00
				TRADE-IN ALLOWANCE				\$
				LESS BAL. DUE on above				\$
				NET ALLOWANCE				\$
				CASH DOWN PAYMENT				\$
				CASH AS AGREED				\$
				LESS TOTAL CREDITS				\$69,000.00
				SUB-TOTAL				\$
SALES TAX (If Not Included Above)								
Unpaid Balance of Cash Sale Price				\$60,000.00				

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 \$ \_\_\_\_\_

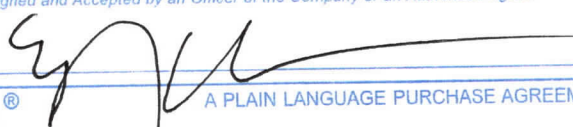
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.  
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF 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 <input type="checkbox"/> DEALER <input type="checkbox"/> 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

Approved By 

SIGNED X **Silverio Alvarez** BUYER  
 SOCIAL SECURITY NO \_\_\_\_\_  
 SIGNED X \_\_\_\_\_ BUYER  
 SOCIAL SECURITY NO \_\_\_\_\_