

Application # _____

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

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: M. Michael Pope Date 8-6-14
 Site Address: 1005 S. LINCOLN STREET COATS Phone 910-984-4033
 Subdivision: NIA Lot -
 Description of Proposed Work: 1493 SF OFF FRAMMENT Total Job Cost \$206,090

General Contractor Information

EALLE HOMES 919-702-0400
 Building Contractor's Company Name Telephone
3600 US 70 E. SMITHFIELD, NC slotteagle1992@aol.com
 Address Email Address
5691- M. H. POST BOND
 License # HEATED SQ FT 1493 GARAGE SQ FT _____

Electrical Contractor Information

Description of Work 200 AMP PANEL & WIRE WORK Service Size: 200 Amps T-Pole: Yes No
RIGHT TEMP. INC. 752-560-0875
 Electrical Contractor's Company Name Telephone
4006 LENWOOD AVE. HINSTON, NC Dennisu.HARRISON@YALOO.COM
 Address Email Address
4893-L
 License #

Mechanical/HVAC Contractor Information

Description of Work 2 TON HEAT PUMPS INST.
RIGHT TEMP. INC. 752-560-0875
 Mechanical Contractor's Company Name Telephone
4006 LENWOOD AVE HINSTON, NC Dennisu.HARRISON@YALOO.COM
 Address Email Address
16045
 License #

Plumbing Contractor Information

Description of Work PLUMB HOME # Baths 2
EAS PLUMBING 919-738-1780
 Plumbing Contractor's Company Name Telephone
110 E. ONE TRAIL COLAS BORO, NC MENNETT@EAS1780@AOL.COM
 Address Email Address
23184
 License #

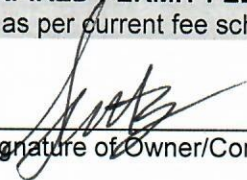
Insulation Contractor Information

FRIENDS INSULATION CO. 919-291-2438
 Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer(s) of Corporation

8-6-24

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor ____ Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:


____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

____ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:  - SLOTT JONES - Assoc Date: 8-6-24



Initial Application Date: 8-6-24

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Michael & Sonnya Pope Mailing Address: 1005 S Lincoln st
City: Coats State: NC Zip: 27521 Contact No: 910-984-4023 Email: Smpope1002@gmail.com

APPLICANT*: Eagle Homes Mailing Address: 3600 Hwy 70 E
City: Smithfield State: NC Zip: 27578 Contact No: 919-738-1939 Email: scotteagle1992@gmail.com
*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
TOTAL HTD SQ FT _____ GARAGE SQ FT _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size 28 x 56) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame
TOTAL HTD SQ FT 1493 (Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____ TOTAL HTD SQ FT _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no
TOTAL HTD SQ FT 1493 GARAGE _____

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): MODULAR

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Thomas Norn
Signature of Owner or Owner's Agent

8-6-24
Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued*

APPLICATION CONTINUES ON BACK

strong roots • new growth

Harnett County Environmental Health

File/Permit Number: BRES2402-0009

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 1600-11-7820.000/ Lot 1
Owner: Michael & Sonnya Pope Applicant: Michael & Sonnya Pope
Property Location: 1005 S Lincoln St, Coats, NC, 27521
Facility Type: Modular Home 28' x 56'

Number of bedrooms: 3 Number of Occupants: 6 Other: _____
 New Expansion Repair System Relocation Change of Use
Basement? Yes No Basement Fixtures? Yes No
Crawl Space? Yes No Slab Foundation? Yes No
Type of Wastewater System* 25% Reduction System (Initial) 25% Reduction System (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 360 GPD Wastewater Strength: Domestic High Strength Industrial Process Wastewater
Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? Yes No
(if yes, please provide engineering documentation)

Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW
Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 260' feet Trench/Bed Spacing: 9' feet on center
Trench/Bed Width: 36" inches LTAR: .35 gpd/ft² Usable Depth to LC (Initial)*: 36" **Limiting condition*
Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth[†]: 24"-18" inches ** Measured on the downhill side of the trench*
Pump Tank Size (if applicable): _____ gallons Requires more than one pump? Yes No
Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons
Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other: 4 - 65' Lines
Artificial Drainage Required: Yes No If yes, please specify details: _____

Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [Rule .0204(g)]: Yes No
Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: Yes No
Declaration of Restrictive Covenants: Yes No Pre-Construction Conference Required: Yes No
Management Entity Required: Yes No Minimum O&M Requirements: _____
Conditions: No Foundation or Gutter Drains to be Directed Towards Septic System.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Ren Levocz Expiration Date: 3/25/29
Authorized Agent's Signature:  Date: 3/25/24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 1600-11-7820.000

Permit Number BRES2402-0009

Michael & Sonnya Pope

Lot 1

Applicant's Name

Subdivision/Section/Lot Number

REHS

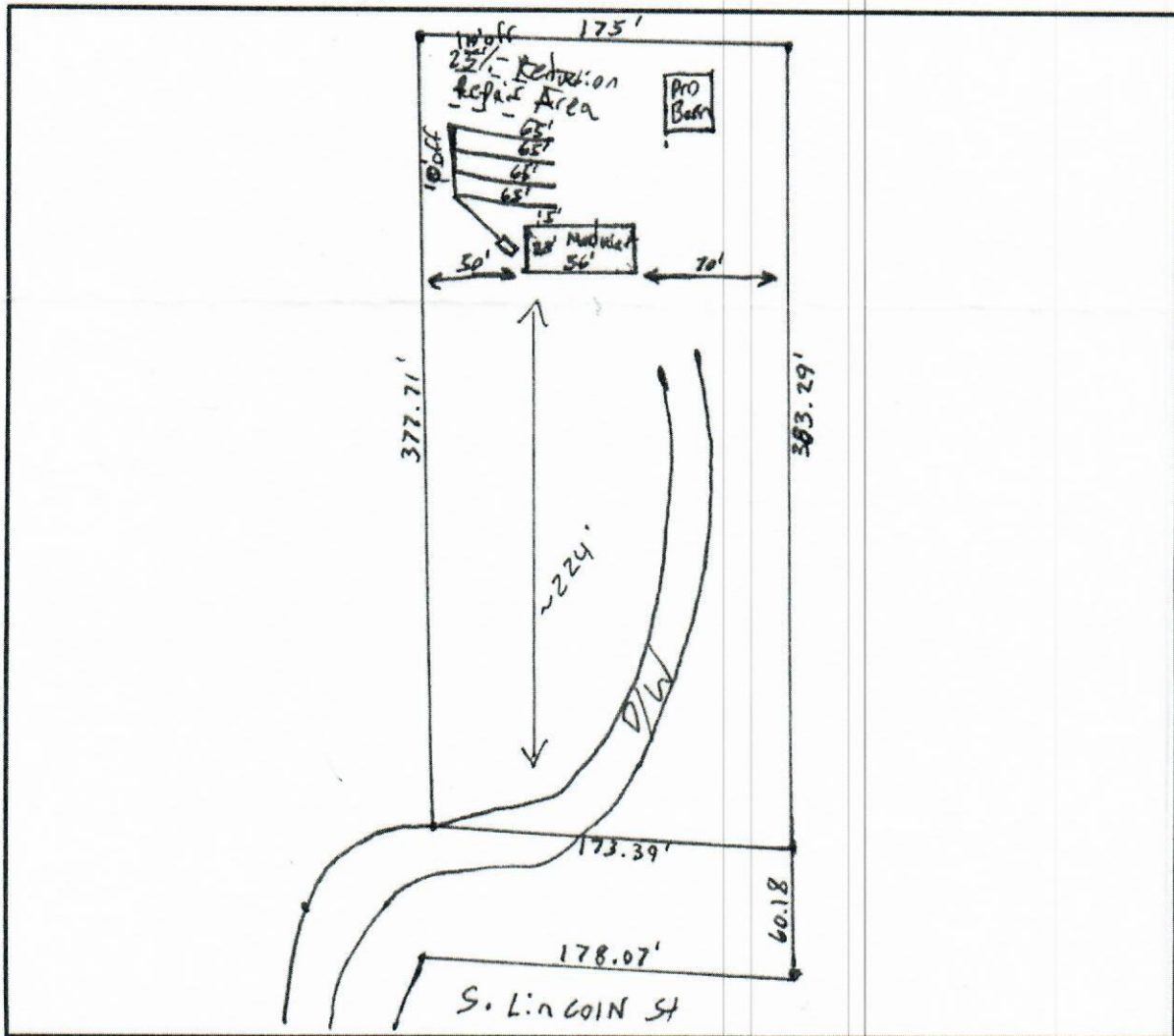
3/25/24

Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = NTS



Harnett County Environmental Health

File/Permit Number: BRES2402-0009

IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: 1600-11-7820.000/ Lot 1

Owner: Michael & Sonnya Pope

Applicant: Michael & Sonnya Pope

Property Location: 1005 S Lincoln St, Coats, NC, 27521

Subdivision (if applicable) _____ Lot #: 1 Block: _____ Section: _____

New Expansion System Relocation Change of Use

Facility Type: Modular Home 28' x 56'

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .35 Proposed LTAR (Repair): .4

Proposed Wastewater System Type*: 25% Reduction System (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type*: 25% Reduction System (Repair) Pump Required: Yes No May be required

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW

Saprolite System (Initial): Yes No Saprolite System (Repair): Yes No

Fill System (Initial): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)*: 36" Usable Depth to LC (Repair)*: 40" * Limiting Condition

Max. Trench Depth (Initial)*: 24"- 18" Max. Trench Depth (Repair)*: 28" * Measured on the downhill side of the trench

Artificial Drainage Required: Yes No If yes, please specify details: _____

Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Drainfield location meets requirements of Rule .0508: Yes No Drainfield location meets requirements of Rule .0601: Yes No

Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

No Foundation or Gutter Drains to be Directed Towards Septic System.

Authorized Agent's Printed Name: Ren Levocz

Expiration Date: 3/25/29

Authorized Agent's Signature: 

Date: 3/25/24

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2203671

Filed on: 08/06/2024

Initially filed by: summithomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (mailto:support@liensnc.com)

Address: 223 S. West Street, Suite 900 / Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

1005 south Lincoln Street
Coats, NC 27521
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

08/06/2024

Owner Information

scott jones
3600 us 70 hwy east
Smithfield, NC 27577
United States
Email: scotteagle1992@gmail.com
Phone: 919-202-0400

Print & Post



Contractors:
Please post this notice on the Job Site.

Suppliers and Subcontractors:
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384

NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

LSM1900015

WE, Summit Homes of North Carolina, Inc.
as principal, located at 3600 US Highway 70 E Smithfield, NC 27577
and RLI Insurance Company (surety) of P.O. Box 3967
Peoria, IL 61612-3967 (address) a corporation incorporated under the laws of the State of
Illinois and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and
bound to the County of Harnett (city or county inspection
department) in the sum of Five Thousand and 00/100
(\$ 5,000.00) dollars for which payment we bind ourselves and our legal representatives jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has entered into a contract for the set-up and installation of the modular building described herein;

NOW, THEREFORE, if the principal and all his agents and employees shall set-up and install said modular building in compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be in full force and effect.

It is expressly provided that:

1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:
Street 1005 S Lincoln St
City Coats, North Carolina
3. This bond will remain in full force and effect for one year following the issuance of the certificate of compliance for the modular building.
4. The bond must remain on file with the County of Harnett (city or county inspection dept.).
5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
6. It is further understood and agreed that his bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the 6th day of August, 2024, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed to be its undersigned representative, pursuant to authority of its governing body.

Summit Homes of North Carolina, Inc.

Signature of Principal

Title

RLI Insurance Company

Surety by Eric Raudins
(signature)

Eric Raudins
(printed name)

Title Sr. Vice President

Address P.O. Box 3967
Peoria, IL 61612-3967

N.C. Resident Agent Batchelor & Associates LLC

3200 Wake Forest Rd Suite 200
Raleigh, NC 27609

Address



POWER OF ATTORNEY

RLI Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

Bond No. LSM1900015

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That the RLI Insurance Company, a corporation organized and existing under the laws of the State of Illinois, and authorized and licensed to do business in all states and the District of Columbia does hereby make, constitute and appoint: Eric Raudins in the City of Broadview Heights, State of Ohio, as its true and lawful Agent and Sr. Vice President, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, for the following described bond.

Principal: Summit Homes of North Carolina, Inc.
Obligee: County of Harnett
Type Bond: Modular Building, Setup and Installation Contractor
Bond Amount: \$ 5,000.00
Effective Date: August 6, 2024

The acknowledgement and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

The RLI Insurance Company further certifies that the following is a true and exact copy of a Resolution adopted by the Board of Directors of RLI Insurance Company, and now in force to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the RLI Insurance Company has caused these presents to be executed by its Sr. Vice President with its corporate seal affixed this 6th day of August, 2024.



RLI Insurance Company
By: Eric Raudins Sr. Vice President

State of Ohio }
County of Cuyahoga } SS

On this 6th day of August, 2024, before me, a Notary Public, personally appeared Eric Raudins, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the RLI Insurance Company, and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Jill A. Scott
Jill A. Scott Notary Public



JILL A SCOTT
Notary Public
State of Ohio
My Comm. Expires
September 22, 2025

CERTIFICATE

I, the undersigned officer of RLI Insurance Company do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the RLI Insurance Company this 6th day of August, 2024.

RLI Insurance Company
By: Jeffrey D. Dick Corporate Secretary

A0006221_R

SUMMIT HOMES OF NC, INC.

D/B/A EAGLE HOMES

3600 US 70 Highway E
Smithfield, North Carolina 27577
(919) 202-0400 • Fax: (919) 202-0495

BUYER(S) MICHAEL AND LOUSSONNYA POPE				HOME PHONE 910-984-4023		CELL PHONE 910-984-4024		DATE 06/25/2024	
ADDRESS 1005 SOUTH LINCOLN STREET				CITY COATS,		STATE NC		ZIP 27521	
DELIVERY ADDRESS SAME				CITY		STATE		ZIP	
EMAIL smpope1002@gmail.com				SALES PERSON SCOTT JONES					
THIS <input checked="" type="checkbox"/> NEW <input type="checkbox"/> SINGLE WIDE		MAKE CAVALIER MODULAR		MODEL 3542 27'X56'1493S.F.		STOCK NUMBER N/A		SERIAL NUMBER QUOTE#184684	
UNIT IS <input type="checkbox"/> USED <input type="checkbox"/> DOUBLE WIDE		FLOOR SIZE L 56 W 27		HITCH SIZE L NA W NA		COLOR GRAY/LINTELS		KEY NUMBERS N/A	
YEAR 24		BEDROOMS 3		BATHS 2		PROPOSED DELIVERY DATE AS AGREED			

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING	R-38	11"	BLOWN	OPTIONAL EQUIPMENT	\$ 17,590.00
EXTERIOR	R-15	3.5"	FIBERGLASS		
FLOORS	R-19	6"	FIBERGLASS		
				SUB-TOTAL	\$ 206,090.00

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		NON-TAXABLE ITEMS	
PRICE OF HOME INCLUDES OFF FRAME MODULAR HOME SET, CRANE, FOOTING, BRICK/BLOCK FOUNDATION SEAL PLATE		VARIOUS FEES AND INSURANCE	
HEIGHT NOT TO EXCEED 40". FINSH HOME INSIDE/OUT. SET TO 100/130ULT.VEL. MPH WIND SPEED HARNETT CO.		CASH PURCHASE PRICE	\$ 206,090.00
OPTIONAL EQPIPMENT INC.IN BASE PRICE UNLESS NOTED:		TRADE-IN ALLOWANCE	\$
CARRIER 14 SEER SPLIT HEAT PUMP INSTALLED/WIRED		LESS BALANCE DUE on above	\$ 0.00
HARNETT COUNTY BUILDING PERMITS NOT TO EXCEED 1,000.00		NET ALLOWANCE	\$ 0.00
ELECTRICAL200 AMP PANEL BOX/METER BASE, WIRE HOME		CASH DOWN PAYMENT	\$
PLUMBING OF HOME AND RUN UP TO 100'WATER 20' SEWER		CASH AS AGREED	\$
FOOTING/BRICK FOUNDATION NOT TO EXCEED 36-40"		LESS TOTAL CREDITS	\$ 0.00
CODE STEPS TO FRONT DOOR/ TERMITE PRE-TREAT		SUB-TOTAL	\$ 206,090.00
BRICK STPES 4' WIDE W/VINYL RAILS TO SIDE DOOR		SALES TAX (If Not Included Above)	
LVP PLATINUM SERIES 22 MIL WEAR LAYER CYPRESS		Unpaid Balance of Cash Sale Price	\$ 206,090.00
CW 1511 NSTALLED ON SITE T/O HOME EXCEPT #2 AND #3		Dealer and Buyer certify that the additional terms and conditions which are printed on Page 2 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.	
BEDROOMS AND #2/#3 BEDROOM CLOSETS		ESTIMATED RATE OF FINANCING _____ %	
SEPTIC INSTALLED PERMIT#BRES2402-0009 NOT TO EXCEED 5,890.00		NUMBER OF YEARS _____	
WHITE GUTTERS AND DOWN SPOUTS INSTALLED FRONT/REAR		ESTIMATED MONTHLY PAYMENTS \$ _____	
\$206,090.00 UNPAID BALANCE TO BE PAID AS FOLLOWS:		THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IIS NOT COVERED IN THIS AGREEMENT.	
\$41,218.00-20% TO ORDER HOME		BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND PAGE 2 OF THIS AGREEMENT.	
\$123,654.00-60% WHEN HOME SET ON FOUNDATION		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.	
\$20,609.-10% WHEN TRIM, PLUMB., ELECTRIC, HVAC, STEPS			
\$20,609.-10% WHEN CERTIFICATE OF OCCUPANCY ISSUED			
*ANY PRICES THAT EXCEED ABOVE ARE A 100% COSTS TO BUYER AND THERE ARE NO AGREEMENTS NOT LISTED ABOVE			
PRICE OF HOME INCLUDES SPECIAL ORDER HOME CLAYTON RICHFIELD, NC PER ATTACHED ORDER CONFIRMATION			

BALANCE CARRIED TO OPTIONAL EQUIPMENT		\$ 17,590.00
NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ARE ON PAGE 2.		
DESCRIPTION OF TRADE-IN	YEAR	SIZE
N/A		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 DEALER BUYER

SUMMIT HOMES OF NC, INC.
D/B/A EAGLE HOMES

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By _____ Approved _____

DEALER SIGNED X _____ BUYER SIGNED X _____