

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: BTS Exclusive Properties Address: 1115 Falling Stream
City: Sanford State: NC Zip: 27332 Daytime Phone: (910-987-2984)

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

Name: Three Acre Hub LLC 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: 1947 Shomer Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A

B. Electrical Contractor Company Name: King Heating Air Conditioning
Phone: 910-890-4898 Address: 300 Wilson Rd
City: Sanford State: NC Zip: 27332
State Lic# 21201-U Email: N/A

C. Mechanical Contractor Company Name: Tin Shop
Phone: 919-708-8340 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27
State Lic# 22513 Email: N/A

D. Plumbing Contractor Company Name: Thomas Plumbing + Repairs
Phone: 919-499-8300 Address: 841 McArthur
City: Broadway State: NC Zip: 27505
State Lic# 12-286 Email: _____

Part III - Manufactured Home Information

Model Year 2024 Size 28 X 44

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

8/19/24
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.

ENTERPRISES INC



1947 S Homer Blvd
Sanford NC 27330

919-775-3600 countryfairhomes@gmail.com

BUYER(S) **BTS Exclusive Properties, LLC** PHONE (910) 987-2984 DATE **June 19, 2024**

ADDRESS **1115 Falling Stream, Sanford, NC 27332** SALESPERSON **EJ Womack**

DELIVERY ADDRESS **704 Gilchrist Road, Cameron, NC 28326**

MAKE **CMH Manufacturing, INC.** MODEL **#21TRU28443RH24** YEAR **2024** BEDROOMS **3** FLOOR SIZE **L 44 W 28** HITCH SIZE L W STOCK NUMBER

THIS UNIT IS NEW USED SERIAL NUMBER **#CLH050542TNABAC** COLOR **TAN Vinyl Siding** PROPOSED DELIVERY DATE KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS				SUB-TOTAL	\$ 109,000.00

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16.

SALES TAX INCLUDED

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

DESCRIPTION	AMOUNT
Delivery & Setup	\$
Footers - FHA/VA	
Surewall - FHA/VA	
Brick - 610 Pinehurst	
Plumbing to Perimeter of House	
Electric	
HVAC	
Termite Treatment - FHA/VA	

DESCRIPTION	AMOUNT
NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
CASH PURCHASE PRICE	
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$ 11,000.00
CASH AS AGREED	\$
LESS TOTAL CREDITS	\$
SUB-TOTAL	\$ 98,000.00
SALES TAX (If Not Included Above)	
Unpaid Balance of Cash Sale Price	\$ 98,000.00

****NOTE****
1 - 10% Partial Down Payment = \$11,000.00
2 - 80% Partial Payment = \$87,000.00
3 - 10% Remaining Payment = \$11,000.00
TOTAL Paid In Full = \$109,000.00

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.

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 DEALER SIGNED X **Brian T Stewart** BUYER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
By **EJ Womack** Approved SIGNED X BUYER
BTS Exclusive Properties, LLC by Brian T. Stewart