Application # BRES 2405 - 00 68

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)

Home Owner Information (To be completed by owner of the manufactured home) Name: PTS Lx Clustur Productives: IIIS Folling Stream City: Scate: Zip21332 Daytime Phone: (Q10-987-298) Landowner Information (To be completed by landowner, if different than above) Name: Information (To be completed by landowner, if different than above) Name: Information (To be completed by Contractors or Homeowner, if applicable. Name, address: Sphone must match information on pilcense) A. Set-Up Contractor Company Name: Name Address: Set-Up Contractor Company Name: Name Address: State Lic# 3400 Email: NAME: Lot Number: Lot N	Part I – Owner Information:		
Landowner Information (To be completed by landowner, if different than above) Name:		PTS Exclusive Reportations 1115 Falling Stream	
Landowner Information (To be completed by landowner, if different than above) Name:	City:	20 ford State: N Zip 31337 Daytime Phone: (610-987-298)	
Name: The House hab 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: Na	Landow		
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: Nove Rock MH Move S Phone: W-T15-3600 Address: 1941 Shoner Blud City: Show State: X Zip: 273300 State Lic# 3400 Email: N/A B. Electrical Contractor Company Name: Nove Rock State: X Zip: 273300 City: Show State: X Zip: 27330 City: State Lic# 21201 Email: N/A C. Mechanical Contractor Company Name: N/A Phone Cland State: X Zip: 27332 State Lic# 22513 Email: N/A D. Plumbing Contractor Company Name: N/A City: Show State: X Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip:	A . (1)		
A. Set-Up Contractor Company Name: Name, address: & phone must match information on license) Phone: UP-T15-3600 Address: 944 5 honey 30 d City: State Lic# 3400 Email: N/A B. Electrical Contractor Company Name: N/A Phone: 10-404 Address: 300 Unit of State Lic# 200 Email: N/A State Lic# 2100 Unit of State: Zip: J330 City: State Lic# Zip: J330 City: State Lic# Zip: J330 City: State Lic# Zip: J330 Phone: 10-404 Address: J480 Follow J480 City: State Lic# Zip: J330 D. Plumbing Contractor Company Name: N/A Phone: 11-404 State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	City:	State: Zip: Daytime Phone: ()	
A. Set-Up Contractor Company Name: November 30 Address: 1941 5 State Lic# 3400 State: 1 Zip: 21330 State Lic# 3400 Email: N/A B. Electrical Contractor Company Name: November 30 Address: 300 W1 Company Rd City: 100 Address: 310 W1 Company Rd City: 100 Address: 310 Address: 310 M1 Company Rd City: 100 Address: 310 Address: 310 M1 Company Rd City: 100 Address: 310 M1 City: 100 Address: 3			
State Lic# 3400 Email: N/A B. Electrical Contractor Company Name: King Heather Av Conditioning Phone: 10-90-489 Address: 300 Wilson Rd City: State Lic# 21201 Email: N/A C. Mechanical Contractor Company Name: 11 Address: 348 Follow State Lic# 22513 Email: N/A City: Soncool State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	A.	Set-Up Contractor Company Name: Noven Kock MH Mover	
State Lic# 3400 Email: N/A Electrical Contractor Company Name: Nina Heating Air Conditioning Phone: 910-90-480 Address: 300 Wilson Rd City: State NC Zip: 332 State Lic# 2/201- U Email: N/A C. Mechanical Contractor Company Name: 11/1 Shop Phone 910-108-83-10 Address: 3489 Edwards Rd City: Son Early State: Zip: Zip: Zip: State Lic# 2/2513 Email: N/A D. Plumbing Contractor Company Name: 1 Amas Plumbing Repairs Phone 919-499-830 Address: 841 MC Arry City: By cool way State: N Zip: Zip: J 505 State Lic# 12-286 Email: Part III - Manufactured Home Information Model Year 2004 Size X Complete & follow zoning criteria sheet Park Name: Lot Number: Lot Number:			
B. Electrical Contractor Company Name: Nine Heating Au Conditioning Phone 910-940-4898 Address: 300 William Rd City: Shade Lic# 2/201-U Email: N. A. State: N. Zip: 332 State Lic# 2/201-U Email: N. A. City: Shade Contractor Company Name: The Shade State: N. Zip: 27 State Lic# 2/25 13 Email: N. A. City: Shade Lic# 2/25 13 Email: N. A. Complete & follow zoning criteria sheet Part III - Manufactured Home Information Model Year 2021 Size 28 X Complete & follow zoning criteria sheet Park Name: Lot Number:			
Phone: 10 SID 489 Address: 300 W1 Star Rd City: State Lic# Z1201 Email: N A C. Mechanical Contractor Company Name: TW Shop Phone 210 108 83 W Address: 348 Forwards Rd City: Soncord State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip			
City: State Lic# 21201	B.	Phone 910-491 Address: 300 Livison Rd	
State Lic# 27207 U Email: NA Mechanical Contractor Company Name: TW Shop Phone 210-708-83-10 Address: 3489 Followed S Rd City: Songered State: Zip: Zip: Zip: State Lic# 22513 Email: NA D. Plumbing Contractor Company Name: May Share: State Lic# 22513 Email: NA City: Sy code way State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip			
Phone Q10 108 - 8340 Address: 3489 Follows Rd City: Song Cod State: Zip: Zip: Zip: State Lic# 22513 Email: N/7 Plumbing Contractor Company Name: May Share: State Lic# 22513 Email: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip			
City: Songer of State: Zip: Zip: Zip: State Lic# 22513 Email: D/A Plumbing Contractor Company Name: The Mas Plumbing + Repairs Phone 919 - 499 - 8300 Address: 841 McArty City: By odd way State: D Zip: 27505 State Lic# 12 286 Email: Part III - Manufactured Home Information Model Year 2004 Size 28 X 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	C.	Mechanical Contractor Company Name: TIN Shop	
City: Songer of State: Zip: Zip: Zip: State Lic# 22513 Email: D/A Plumbing Contractor Company Name: The Mas Plumbing + Repairs Phone 919 - 499 - 8300 Address: 841 McArty City: By odd way State: D Zip: 27505 State Lic# 12 286 Email: Part III - Manufactured Home Information Model Year 2004 Size 28 X 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		Phone 910-708-8340 Address: 3489 Followds Rd	
Phone 919 - 499 - 8300 Address: 841 MCAV - V. City: By coad way State: No Zip: 27505 State Lic# 2 286 Email: Part III - Manufactured Home Information Model Year 2024 Size 28 x Complete & follow zoning criteria sheet Park Name: Lot Number: Lot Number:			
Phone 919-499-8300 Address: 841 MCAV-LV City: By coad way State: D C Zip: 27505 State Lic#12-286 Email: Part III - Manufactured Home Information Model Year 2004 Size 28 X Complete & follow zoning criteria sheet Park Name: Lot Number: Lot Num			
City: By 2004 State: D C Zip: 27505 State Lic#12-286 Email: Part III - Manufactured Home Information Model Year 2004 Size 28 X Complete & follow zoning criteria sheet Park Name: Lot Number: Lot	D.		
Part III – Manufactured Home Information Model Year 2024 Size 28 X Complete & follow zoning criteria sheet Park Name: Lot Number: Lot Nu		Phone: 19-99-830 Address: 841 WCHY-10	
Part III – Manufactured Home Information Model Year 2024 Size 28 x Complete & follow zoning criteria sheet Park Name:		City: By Dad Code State: NC Zip: Q (30)	
Model Year 2024 Size 28 X Complete & follow zoning criteria sheet Park Name: Lot Number:		State Lic# 1 2 5 6 Email:	
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	Part III		
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	Model Y	Complete & follow zoning criteria sheet	
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor			
	Park Na	ame:Lot Number:	
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 of Home Owner or Agent Date		Signature of Home Owner or Agent Signature of Home Owner or Agent	

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

SETUP

ENTERPRISES INC DocuSign Envelope ID: 413BD231-1158-4A0A-BF38-D8DF0168441E 1947 S Horner Blvd Sanford NC 27330 919-775-3600 countryfairhomes@gmail.com PHONE BUYER(S) (910) 987-2984 BTS Exclusive Properties, LLC June 19, 2024 **ADDRESS** SALESPERSON 1115 Falling Stream, Sanford, NC 27332 **EJ Womack** DELIVERY 704 Gilchrist Road, Cameron, NC 28326 **ADDRESS** MAKE YEAR BEDROOMS FLOOR SIZE HITCH SIZE STOCK NUMBER CMH Manufacturing, INC. #21TRU28443RH24 2024 3 44 w 28 SERIAL NUMBER COLOR PROPOSED DELIVERY DATE **KEY NUMBERS** THIS UNIT IS #CLH050542TNABAC TAN Vinyl Siding X NEW USED LOCATION R-VALUE THICKNESS TYPE OF INSULATION **BASE PRICE OF UNIT** 109,000.00 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 SALES TAX INCLUDED 16CRF, SECTION 460.16. **OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES NON-TAXABLE ITEMS** Delivery & Setup VARIOUS FEES AND INSURANCE Footers - FHA/VA **CASH PURCHASE PRICE** Surewall - FHA/VA TRADE-IN ALLOWANCE \$ Brick - 610 Pinehurst LESS BAL. DUE on above \$ Plumbing to Perimeter of House **NET ALLOWANCE** Electric CASH DOWN PAYMENT \$ 11,000.00 **HVAC** CASH AS AGREED Termite Treatment - FHA/VA **LESS TOTAL CREDITS** \$ 98,000.00 SUB-TOTAL SALES TAX (If Not Included Above) **NOTE** \$ Unpaid Balance of Cash Sale Price 98,000.00 Dealer and Buyer certify that the additional terms and 1 - 10% Partial Down Payment = \$11,000.00 conditions printed on the other side of this Agreement are 2 - 80% Partial Payment = \$87,000.00 agreed to as a part of this Agreement, the same as if printed 3 - 10% Remaining Payment = \$11,000.00 above the signatures. Buyer is purchasing the above TOTAL Paid In Full = \$109,000.00 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 IIS 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 BALANCE CARRIED TO OPTIONAL EQUIPMENT **BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED** NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE. THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD. I MAKE MODEL BEDROOMS UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE TITLE NO SERIAL NO COLOR MONEY THAT I PAID THE DEALER. I UNDERSTAND AMOUNT OWING TO WHOM

ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY BUYER AGREEMENT.
DocuSigned by:

SIGNED)

SIGNED X

EJ WOMACK ENTERPRISES INC

DEALER

Brian T Stewart BJFS Exclusive Properties, LLC by Brian T. Stewart

BUYER

Vol Valbocus igned by! and Accepted by an Officer of the Company or an Authorized Agent 9 Wonde

BUYER Rev 08/23

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