



SALES AGREEMENT

Buyer(s): Bernard Stith
Brenda Stith

Phone #: 910-977-4192

Address: 384 Jamestown Dr. Spring Lake, NC 28390

Delivery Address: 500 Rainey Dr. Spring Lake, NC 28390

Table with columns: Home Info, Trade Info, Pricing. Includes fields for Make, Model, Serial #, Size, Year, Stock #, Home Price, State Tax, Local Tax, Cash Price, Total Package Price, Trade Allowance, Less Amount Owed, Trade Equity, Cash Down Payment, Less All Credits, Remaining Balance.

Table with columns: Location, Type of Insulation, Thickness, R-Value. Rows for Floors, Exterior, Ceilings.

This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.

Responsibilities

Seller Responsibilities: Footer, Setup and deliver home, vapor barrier, trim out, brick skirting, electric and plumb connection to home up to 10 ft. Split system heat pump, wood steps to eode on back door, 10x10 covered wood deck at front door. 10000 land clear allowance
Buyer Responsibilities: Health and zoning permits, apply for all utility accounts.
Options: Builder Closing Cost Credits: \$16,430.00 (Credit to be applied towards a portion or all of the following), Customer Requested Interest Reserve: \$4,020.00, Construction Soft Cost: \$21,220, 3000 septic allowance, 5000 well allowance

Acknowledgment

New Manufactured Homes meet federal standards for design and construction, but may not meet local codes and standards. 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 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. ESTIMATED RATE OF FINANCING % NUMBER OF YEARS ESTIMATED MONTHLY PAYMENTS
Buyer(s) agree: (1) that the terms and conditions on pages two and three are part of this agreement; (2) to purchase the above home including the options; (3) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

Signature of Buyer: Bernard Stith Date: 4/4/2024

Signature of Buyer: Brenda Stith Date: 4/10/2024

Signature of Buyer: Date Signature of Buyer: Date

Signature of Buyer: Chris Milligan Date: 4/5/2024
Seller: CMH Homes, Inc. d/b/a - Chris Milligan Date



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: Bernard & Brenda Stith Date 6-13-24

Site Address: 500 Barney Dr. Spring Lake NC 28390 Phone 910-977-4192

Subdivision: _____ Lot _____

Description of Proposed Work: 8x20 covered front wood deck Total Job Cost _____

General Contractor Information

Britt's Home Solutions
Building Contractor's Company Name

910-476-9173
Telephone

485 Webb Rd Lumberton NC 28358
Address

Email Address

License # _____ **HEATED SQ FT** _____ **GARAGE SQ FT** _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Insulation Contractor Information

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.

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

6-13-24
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: Lauren White - Project Coordinator Date: 6-13-24