



EJ WOMACK ENTERPRISES INC

1947 S Homer Blvd
Sanford NC 27330

919-775-3600 countryfairhomes@gmail.com

BUYER(S) Kevin Womack PHONE 919-775-3600 DATE 6/20/25

ADDRESS 103 Brown Rd Lillington NC 27546 SALESPERSON EJ Womack

DELIVERY ADDRESS 11739 NC 27 W Lillington NC 27546

MAKE Clayton MODEL Snowcap YEAR 2025 BEDROOMS 4 FLOOR SIZE 76 W 28 L 76 W 28 STOCK NUMBER

THIS UNIT IS ☒ NEW ☐ USED SERIAL NUMBER TBD COLOR KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
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CEILING				OPTIONAL EQUIPMENT
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EXTERIOR				
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FLOORS				SUB-TOTAL \$189,900.00
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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 INC

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	NON-TAXABLE ITEMS
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Delivery + set up	VARIOUS FEES AND INSURANCE
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Electrical	CASH PURCHASE PRICE
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Footers	TRADE-IN ALLOWANCE \$
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Plumbing	LESS BAL. DUE on above \$
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HP	NET ALLOWANCE \$
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Brick	CASH DOWN PAYMENT \$
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Steps	CASH AS AGREED \$
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	LESS TOTAL CREDITS \$
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	SUB-TOTAL \$
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	SALES TAX (If Not Included Above)
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	Unpaid Balance of Cash Sale Price \$
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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
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MAKE	MODEL	BEDROOMS
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TITLE NO.	SERIAL NO.	COLOR
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AMOUNT OWING TO WHOM

ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY ☐ DEALER ☐ BUYER

EJ WOMACK ENTERPRISES INC

DEALER

SIGNED X

BUYER

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

By

SIGNED X

BUYER

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: Berlin Womack Address: 11739 NC 27 W
City: Lillington State: NC Zip: 27546 Daytime Phone: 919-775-3600

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

Name: Ravin Rock Properties Address: 103 Braun Rd
City: Lillington State: NC Zip: 27546 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 S Horner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: King Heating Air Conditioning
Phone: 919-890-4898 Address: 300 Wilson Rd
City: Sanford State: NC Zip: 27330
State Lic# 21207-U Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
Phone: 919-708-8340 Address: 3489 Edward Rd
City: Sanford State: NC Zip: 27330
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# 12286 Email: N/A

Part III - Manufactured Home InformationModel Year: 2015 Size: 28 X 76 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.

DocuSigned by:

EJ Womack

Signature of Home Owner or Agent

6/20/25

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.