

2-9-16

Application # 1650037986

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793  
www.harnett.org/permits

**Application for Existing Septic Tank in a Mobile Home Park**

Applicant Name: Jimmy COOK Date: 8 FEB 16  
Address: 17140 NC 27 W SANFORD NC 27332  
Telephone: 910 308 2492

Property Owner: JIMMY COOK Phone: 910 308 2492  
Lot Address: 47 WESTSIDE DR CAMERON NC 28326  
Name of Park: WESTSIDE PARK Lot Number: 3  
Parcel: 09 9575 0185 10 PIN: 9575-83-6664-000  
 SW  DW  TW (Size 16 x 80) # Bedrooms 2 Year 2016  
Power Company: TOUCHSTONE (For Progress Energy we need the premise number.)

Specific Directions to Job from Lillington:

HWY 27 W TO HWY 87, SOUTH TO HWY 24, WEST ON  
HWY 24 7/10 OF A MILE, PARK ON LEFT

**There is a \$100.00 charge for this service. This certification is subject to revocation if the intended use of the septic system changes, or if false information is provided on this application.**

You signature below certifies that all above information is correct.

Signature of owner or authorized agent: Jimmy Cook

**DO NOT SIGN BELOW - FOR OFFICE USE ONLY**

Authorization of Existing System

\_\_\_\_\_  
Signature of Environmental Health Specialist

\_\_\_\_\_  
Date

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: Conaria Taylor Address: 47 Westside DR  
City: Cameron State: NC Zip: 28326 Daytime Phone: ( 910 ) 344-4346

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

Name: Jimmy Cook Address: 17140 NC 27 W  
City: Sanford State: NC Zip: 27332 Daytime Phone: ( ) 910 308-2492

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: CHARLES STONE - Stone Stone MA Transit  
Phone: 910-736-0618 Address: PO Box 901 1729 Alcorn Rd  
City: Lumberton State: NC Zip: 28359  
State Lic# 3556 Email: stonesstone09@AOL.Com
- B. Electrical Contractor Company Name: SERVICE SOLUTIONS  
Phone: 910-423-6107 Address: 5798 McDonald Rd  
City: Pacleton State: NC Zip: 28371  
State Lic# 20934 Email: SERVICE SOLUTIONS 1997@YAHOO.COM
- C. Mechanical Contractor Company Name: SPELL MECHANICAL  
Phone: 910-525-5976 Address: 123 West Vinson Ave  
City: Adelville State: NC Zip: 28318  
State Lic# 10574 Email: SPELLSMA@AOL.COM
- D. Plumbing Contractor Company Name: JESSIE FISHER JR.  
Phone: 910-705-0231 Address: 5141 BEULAH CREEK RD  
City: Lumberton State: NC Zip: 28358  
State Lic# 18280 Email: N/A

Plumbing Class I

Part III - Manufactured Home Information

Model Year: 2016 Size: 16 X 76 Complete & follow zoning criteria sheet

Park Name: Westside Park 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

2/29/16  
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.

1175462

# SALES AGREEMENT

DATE: 2/10/2016

BUYER(S): CONNIE ANN TAYLOR

HARVEY D HOBSON JR

ADDRESS: 67 BRANDYWOOD CT CAMERON NC 28326

DELIVERY ADDRESS: 47 WESTSIDE DR CAMERON NC 28326

TELEPHONE: ( )

SALES PERSON FULL NAME: Adriana Shaver

**BASE PRICE:** \$58,560.70  
 State Tax \$1,390.82  
 Local Tax \$0.00

Make: CMH Model: 29CFT16763AH16  
 Year N/A Length N/A Width N/A Stock# RSO  
 Serial No. OHC025413NC  New  Used

**1. CASH PRICE** \$59,951.52

**TRADE:** Make: N/A Model: N/A  
 Year N/A Length N/A Width N/A Title #  
 Serial No.  
 Amount owed will be paid by:  Buyer  Seller  
 Owed to:

**TITLE FEES** \$52.00

**OPTIONS:**  
 Customer to purchase home as shown on lot as a 2 bedroom. Choose colors of home.  
 Customer to get a 2000 dollar visa gift card. Upgraded appliance package. Home to include 2 sets of steps a new heat pump and vinyl skirting.

Federal Warranty Service Corporation \$747.94  
 (Including Sales Tax paid to State: \$48.94)

**SELLER RESPONSIBILITIES:**  
 Deliver home to customer provided lot. Hook up plumbing and electric.

**2. TOTAL PACKAGE PRICE** \$60,751.46

**BUYER RESPONSIBILITIES:**  
 Put 911 numbers on the side of home. Provide zoning and septic permit. No verbal promises will be honored.

Trade Allowance N/A  
 Less Amount Owed N/A  
 Trade Equity N/A  
 Cash Down Payment \$5,000.00

*May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.*

**3. LESS ALL CREDITS** \$5,000.00

**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.**

**4. REMAINING BALANCE** \$55,751.46

ESTIMATED RATE OF FINANCING 9.96% NUMBER OF YEARS 23  
 ESTIMATED MONTHLY PAYMENTS \$537.34

**Buyer(s) agree: (1) that the terms and conditions on page two are part of this agreement; (2) to purchase the above home including the options; (3) they received and acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.**

Location	Type of Insulation	Thickness	R-Value
Floors	fiberglass	7.00	22
Exterior	fiberglass	3.50	11
Ceilings	fiberglass	10.00	30

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



**SELLER:**

CMH Homes, Inc. d/b/a -

DocuSigned by:

MIKE SMITH

9F88D7D1C7E94CC...

2/10/2016

CLAYTON HOMES FAYETTEVILLE, NC  
 DBA\_NAME  
 3340 GILLESPIE ST  
 FAYETTEVILLE NC 28306

**BUYER:**

DocuSigned by:  
Connie Ann Taylor

F1A5E0CEB8C7482...

2/10/2016

DocuSigned by:  
 Signature of: CONNIE ANN TAYLOR

Harvey D Hobson, Jr

F1A5E0CEB8C7482...

2/10/2016

Signature of: HARVEY D HOBSON JR

Signature of:

Signature of:

003767354-00002

MVR-1

North Carolina Division of Motor Vehicles

1175462

(Rev. 01/06)

TITLE APPLICATION

VEHICLE SECTION					
YEAR 2016	MAKE CMH	BODY STYLE MH	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER OHC025413NC	FUEL TYPE

OWNER SECTION		
Owner 1 ID # _____	CONNIE ANN TAYLOR <small>Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name</small>	
Owner 2 ID # _____	HARVEY D HOBSON JR <small>Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name</small>	
Residence Address (Individual) Business Address (Firm) 47 WESTSIDE DR		
City and State CAMERON NC	Zip Code 28326	Tax County MOORE
Mail Address (if different from above) 67 BRANDYWOOD CT CAMERON NC 28326		

LIEN SECTION			
FIRST LIEN		SECOND LIEN	
Date of Lien	ACCOUNT #	Date of Lien	ACCOUNT #
Lienholder ID#	Lienholder Name VANDERBILT MORTGAGE AND FINANCE, INC.	Lienholder ID#	Lienholder Name
Address PO Box 4007 City Maryville State TN Zip Code 37802		Address _____ City _____ State _____ Zip Code _____	

CHECK Appropriate Block/s		ODOMETER READING
<input checked="" type="checkbox"/> Title Only - Vehicle Not in Operation	<input type="checkbox"/> Exchanged Plate No. _____	
<input type="checkbox"/> Title and License Class of License _____	<input type="checkbox"/> Replaced Plate No. _____	
<input type="checkbox"/> Plate No. Transferred _____ Expiration Date _____	<input type="checkbox"/> Truck Weight desired _____	

I certify for the motor vehicle described above that I have financial responsibility as required by law.

Insurance company authorized in N.C.					Policy Number	
Date First Operated in N.C.	State of Last Registration	Passenger Capacity	N.C. Dealer No.	Empty Weight	Combined Gross Weight of Truck or Truck-Tractor with Trailer	
Purchased <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Purchased for Use in N.C. <input type="checkbox"/> Yes <input type="checkbox"/> No		From Whom Purchased (Name and address)		Purchase Date
Is This Vehicle Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Form 330 or Lease Agreement			Equipment #		SALES PRICE \$58,560.70	

**DISCLOSURE SECTION**

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.

I (We) would like the personal information contained in this application to be available for disclosure.

**APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.**

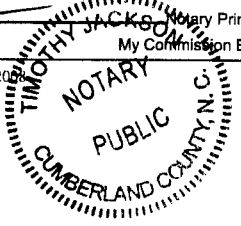
I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.

OWNER'S SIGNATURE: Connie Ann Taylor Harvey D Hobson Jr

Date: 2-10-16 County: Cumberland State: NC

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_ (names(s) of principal(s)).

Notary Signature: Timothy Jackson Notary Printed or Typed Name: Timothy Jackson  
(SEAL) My Commission Expires: 12-17-16



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . . 16-50037986 Date 3/01/16  
Property Address . . . . . 47 WESTSIDE DR  
PARCEL NUMBER . . . . . 09-9575- - -0185- -10-  
Application type description CP MOBILE HOME PARK  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20M

Owner

Contractor

-----

COOK JAMES ERIC  
17140 NC 27 W  
SANFORD NC 27332  
(499) 5100

-----

STATE MOBILE HOME MOVERS  
1085 A AQUILLA RD  
BENSON NC 27504  
(910) 894-8038

Applicant

-----

COOK JIMMY  
17140 NC 27 W  
SANFORD NC 27332  
(910) 308-2492

--- Structure Information 000 000 16X80 2BDR SWMH  
Other struct info . . . . . # BEDROOMS 2000000.00  
MOBILE HOME YEAR 2016.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? EXT TANK

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . . . . .  
Phone Access Code . . . . . 1128388  
Issue Date . . . . . 3/01/16 Valuation . . . . . 0  
Expiration Date . . . . . 3/01/17

Special Notes and Comments

T/S: 02/09/2016 08:09 AM JBROCK ----  
WESTSIDE MHP - OFF OF 24

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Additional desc . . . . .  
Phone Access Code . . . . . 1128388

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	__/__/__
20	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
20	814	A814	ADDRESS CONFIRMATION	_____	__/__/__
30	507	T507	R*MANUFACTURED HOME FINAL	_____	__/__/__