

DDD&T,LLC  
Lease Agreement

Property Location Tranquil Sands MHP  
Date 3-21-17

We/I Eunice Allen, hereinafter called the lessee, offer and agree to rent from DDD&T,LLC, hereinafter called the lessor, the lot 1 located at 13 Legacy Lane on a basis beginning on the 15<sup>th</sup> day of April year 2017. At a rental of \$ 150.00 per month. Payable in advance on the 15<sup>th</sup> day of each month. A deposit of \$ 150.00 will be paid in advance of first months rent.

We further agree to conditions as follows:

1. To maintain this property in as good condition as we find it, reasonable Wear and tear expected.
2. To give 30 days written notice of intention to vacate before the End of the rental period.
3. If rent if not paid by the 5<sup>th</sup> day of the month, a late charge of \$ 15.00 will be paid.
4. Failure to pay rent by the 10<sup>th</sup> day of the month shall be termed as a breaking of the lease.
5. Rent is subject to increase with 30 day written notice.

Other conditions:

- A. Lessee shall not have the right or power to sublet the premises or any part thereof, or to transfer or assign lease without the written consent of the lessor.
- B. Lessee shall have the responsibility for acquiring all utilities used or consumed by the lessee on the premises.
- C. Lessee agrees to assume liability for all lessee's property located on the premises.
- D. Lessee is responsible for grounds and no pets allowed.

Failure to adhere to any of the above stated conditions will be termed as a breaking of the lease and shall be grounds for eviction and loss of lessee's deposit.

When signed by the lessee and accepted by the lessor, this document shall constitute a lease agreement, executed this 21<sup>st</sup> day of March year 2017.

Eunice Allen  
Lessee

Duorae Watkins  
Lessor

1<sup>st</sup> lot rent due on  
May 1<sup>st</sup>.

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: Eynice Allen Address: 1232 Hillsboro St  
City: Pittsboro State: N.C Zip: 27512 Daytime Phone: 919 542-3604

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

Name: Deborah Watkins Address: 4181 Benson Road  
DDD + T, LLC  
City: Angier State: NC Zip: 27501 Daytime Phone: 919 639-4032

**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: Marks Mobil Home Setup  
Phone: 919 770-4979 Address: 1258 Black Rd  
City: Carmon State: NC Zip: 27326  
State Lic# 3441 Email: \_\_\_\_\_
- B. **Electrical Contractor** Company Name: Johnson's Innovative Elect. Cont.  
Phone: 919 718 6580 Address: 753 Lower Moncure Rd.  
City: Sanford State: NC Zip: 27330  
State Lic# 25627 U Email: bbsan@johnsonsinnovative.com
- C. **Mechanical Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: Ronald Mclymore  
Phone: 919 258 9788 Address: 1605 Carr Creek Rd  
City: Sanford State: N.C Zip: 27330  
State Lic# 30617 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 89 Size: 14 X 30 **Complete & follow zoning criteria sheet**

Park Name: Tranquil Sands MHP Lot Number: 1

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.

Eynice Allen  
Signature of Home Owner or Agent

4/4/16  
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.

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 . . . . .	17-50040993	Date	4/04/17
Property Address . . . . .	17 LEGACY LN		
PARCEL NUMBER . . . . .	01-0506- - -0029- - -		
Application type description	CP MOBILE HOME PARK		
Subdivision Name . . . . .	PROFESSIONAL MEDICAL RECOVERY		
Property Zoning . . . . .	PENDING		

Owner

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DDD & T LLC #1  
 4181 BENSON RD  
 ANGIER NC 27501

Contractor

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MARKS MOBILE HOME SET-UP  
 1256 BLACK ROAD  
 CAMERON NC 28326  
 (919) 499-2768

Applicant

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TRANQUIL SANDS MHP #1

--- Structure Information 000 000 14X80 3 BR NO DECKS/PORCHES

Other struct info . . . . .	# BEDROOMS	3.00
	MOBILE HOME YEAR	1989.00
	PROPOSED USE	SWMH
	SEPTIC - EXISTING?	EXISTING

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . . . . .			
Phone Access Code . . . . .	1185727		
Issue Date . . . . .	4/04/17	Valuation . . . . .	0
Expiration Date . . . . .	4/04/18		

Special Notes and Comments

T/S: 03/21/2017 12:00 PM DJOHNSON --  
 TRANQUIL SANDS MHP LOT 1

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___