

Harnett County Central Permitting

Application # 1750042346

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: DSU INVESTMENTS Address: 3183 WS 421 N.

City: LILLINGTON State: NC Zip: 27546 Daytime Phone: 919 303-1967

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

Name: 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: Raven Rock MH Movers

Phone: 919-715-3600 Address: 3335 NC Hwy 87 S

City: Sanford State: NC Zip: 27332

State Lic# 3400 Email: N/A

B. Electrical Contractor Company Name: Heaton Construction Inc

Phone: 919-353-1121 Address: 3009 Long Circle

City: Roanoke Rapids State: NC Zip: 27870

State Lic# 1702 Email: N/A

C. Mechanical Contractor Company Name: Tin Shop

Phone: 919-708-8340 Address: 3489 Edwards Rd

City: Sanford State: NC Zip: 27332

State Lic# 22513 Email: N/A

D. Plumbing Contractor Company Name: Raven Rock MH Movers

Phone: 919-715-3600 Address: 3335 NC Hwy 87 S

City: Sanford State: NC Zip: 27332

State Lic# 3400 Email: N/A

Part III - Manufactured Home Information

Model Year: 2018 Size: 66 X 15 1/2 Complete & follow zoning criteria sheet

Park Name: THE HOMEPLACE Lot Number: 18 - 30 LUART

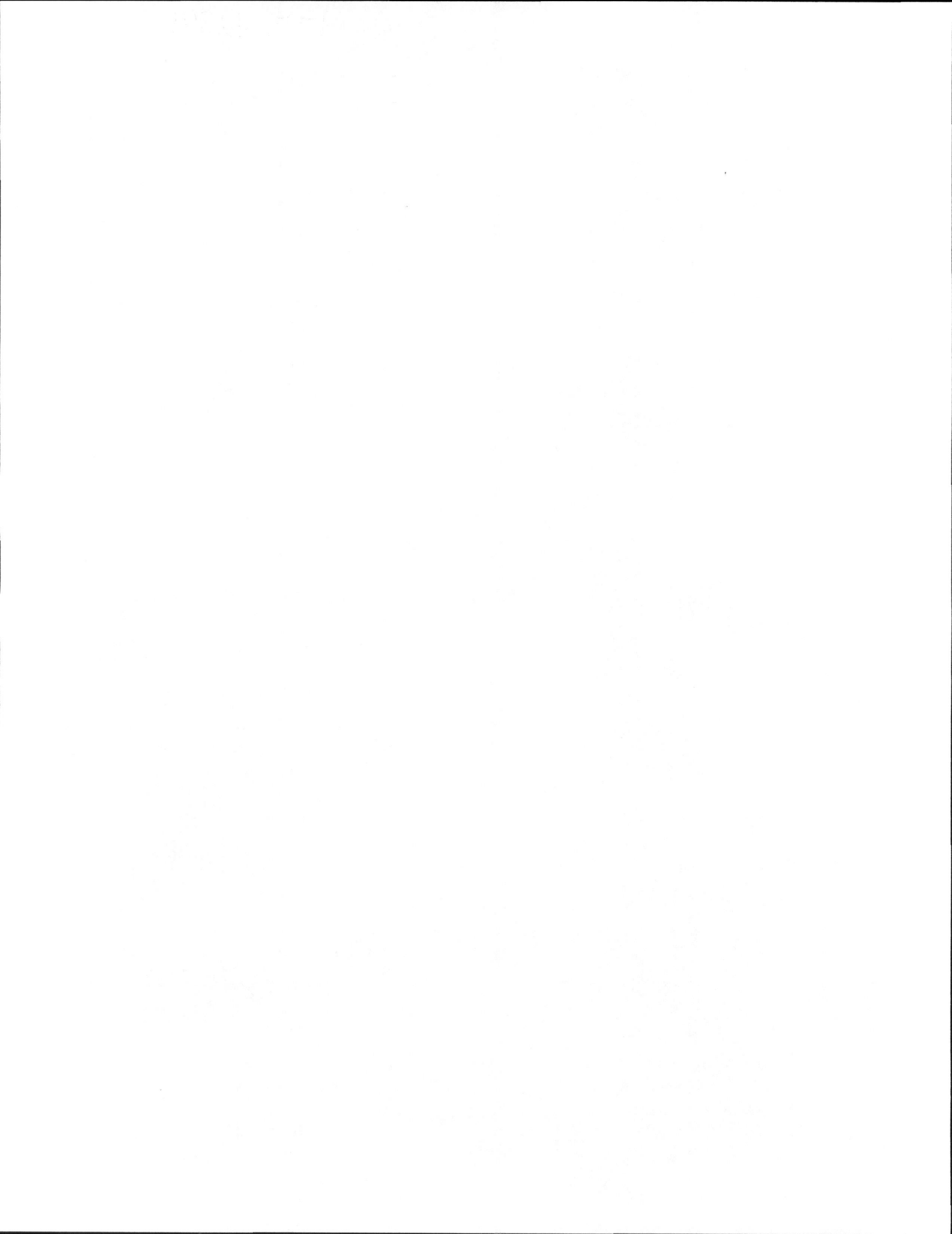
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured 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 of Home Owner or Agent

Date 9-29-17

\*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.



**DBA COUNTRY FAIR HOMES**

3335 NC 87 Highway S.  
SANFORD, NORTH CAROLINA 27332  
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) <b>DSU Investments, LLC</b>		PHONE <b>910-303-9167</b>	DATE <b>9/22/17</b>
ADDRESS <b>3183 US 421 N Lillington NC 27546</b>		SALESPERSON <b>EJ Womack</b>	
DELIVERY ADDRESS <b>30 LUART</b>			
MAKE & MODEL <b>Fleetwood 1166632</b>	YEAR <b>2018</b>	BEDROOMS <b>3</b>	FLOOR SIZE <b>66</b> W <b>156</b> L
SERIAL NUMBER <b>FLE270VA17-73376A</b>	COLOR	PROPOSED DELIVERY DATE	HITCH SIZE <b>16</b> W <b>16</b> L
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		STOCK NUMBER	
KEY NUMBERS		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			
price to include delivery + set up Electrical skirting up to 36" AVE 2 set of steps 3 ton hp 14 Seer			\$
BALANCE CARRIED TO OPTIONAL EQUIPMENT			\$

BASE PRICE OF UNIT	\$35,000.00
OPTIONAL EQUIPMENT	
SUB-TOTAL	\$
SALES TAX	
NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
CASH PURCHASE PRICE	\$35,000.00
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$
CASH AS AGREED	\$
LESS TOTAL CREDITS	\$
SUB-TOTAL	\$
SALES TAX (If Not Included Above)	
Unpaid Balance of Cash Sale Price	\$35,000.00

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
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR
AMOUNT OWING TO WHOM		
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER		

**E. J. WOMACK ENTERPRISES INC.**  
**DBA COUNTRY FAIR HOMES** DEALER  
*Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent*

SIGNED X \_\_\_\_\_ BUYER  
SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGNED X \_\_\_\_\_ BUYER  
SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 . . . . . 17-50042346 Date 9/29/17  
Intersection . . . . .  
Property Address . . . . . 30 LUART DR  
PARCEL NUMBER . . . . . 13-0620- - -0045- -03-  
Application type description CP MOBILE HOME PARK  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner

Contractor

-----  
DSU INVESTMENTS LLC  
3205 NC 421 N  
LILLINGTON NC 27546

-----  
OWNER

Applicant

-----  
DSU INVESTMENTS LLC  
3183 US 421 N LILLINGTON, NC  
27546  
LILLINGTON NC 27546  
(910) 303-1967

--- Structure Information 000 000 16X66 3BDR SWMH  
Other struct info . . . . . # BEDROOMS 3000000.00  
MOBILE HOME YEAR 2017.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? EXT TANK

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Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1212166  
Issue Date . . . . . 9/29/17 Valuation . . . . . 0  
Expiration Date . . . . . 9/29/18

Special Notes and Comments

T/S: 09/25/2017 08:01 AM JBROCK ----  
THE HOME PLACE #30 - OFF OF HWY 421  
GOING TOWARD SANFORD

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\_\_\_\_\_  
\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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

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Property Address . . . . .	30 LUART DR	Date	9/29/17
PARCEL NUMBER . . . . .	13-0620- - 0045- -03-		
Application description . . .	CP MOBILE HOME PARK		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		
Permit . . . . .	MANUFACTURED HOME PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1212166		

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	_____	___/___/___