

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 US 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: Sanferd State: NC Zip: 27332

State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Heaton Construction Inc

Phone: 919-353-1121 Address: 309 Long Circle

City: Randoke Pkwy State: NC Zip: 27810

State Lic# 1702 Email: N/A

C. **Mechanical Contractor** Company Name: Tim Shop

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

City: Sanferd 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: Sanferd 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: 1 - 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]
Signature of Home Owner or Agent

9-29-17
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.

DBA COUNTRY FAIR HOMES

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

BUYER(S) DSD Investments LLC PHONE 910-303-1967 DATE 9/22/17
 ADDRESS 3183 US 421 N. Lillington NC 27546 SALESPERSON EJ Womack
 DELIVERY ADDRESS 31 LUART

MAKE & MODEL Fleetwood 116663Z YEAR 2018 BEDROOMS 3 FLOOR SIZE 66 HITCH SIZE 15 1/2 STOCK NUMBER
 SERIAL NUMBER FLE270VA17-73368A COLOR X PROPOSED DELIVERY DATE _____ KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	OPTIONAL EQUIPMENT
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.				\$35,000.00	

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	CASH PURCHASE PRICE
<p><u>Price to include</u></p> <p><u>Delivery + set up</u></p> <p><u>Electrical</u></p> <p><u>Skirting up to 36" Ave</u></p> <p><u>2 set of steps</u></p> <p><u>3ton HP 14 Seer</u></p>	<p>SALES TAX</p> <p>NON-TAXABLE ITEMS</p> <p>VARIOUS FEES AND INSURANCE</p> <p>CASH PURCHASE PRICE <u>\$35,000.00</u></p> <p>TRADE-IN ALLOWANCE \$</p> <p>LESS BAL. DUE on above \$</p> <p>NET ALLOWANCE \$</p> <p>CASH DOWN PAYMENT \$</p> <p>CASH AS AGREED \$</p> <p>LESS TOTAL CREDITS \$</p> <p>SUB-TOTAL \$</p> <p>SALES TAX (If Not Included Above)</p> <p>Unpaid Balance of Cash Sale Price <u>\$35,000.00</u></p>

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

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

Approved By [Signature] DEALER

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.

Application Number 17-50042347 Date 9/29/17
Intersection
Property Address 31 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 OWNER
3205 NC 421 N
LILLINGTON NC 27546

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

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1212174
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 #31 - OFF OF HWY 421
GOING TOWARD SANFORD

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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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	_____	___/___/___