

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: Nancy Butts Address: _____
 City: _____ State: _____ Zip: _____ Daytime Phone: _____

Landowner Information (To be completed by landowner, if different than above)
 Name: owner 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: 919-775-3100 Address: 3335 NC Hwy 87 S
 City: Sanford State: NC Zip: 27333
 State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Eric Dean
 Phone: 919-770-3091 Address: 809 San-Lee Dr
 City: Sanford State: NC Zip: 27330
 State Lic# 5FD 19580 Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
 Phone: 919-208-8340 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: 919-775-3100 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: _____ Size: X **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.

[Signature] _____
 Signature of Home Owner or Agent Date 4/30/18

*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.

SALES AGREEMENT

DATE: 1-5-10

BUYER(S): HAROLD BUTTS

ADDRESS: 2191 KEITH HILLS RD LILLINGTON NC 27546

DELIVERY ADDRESS: 307 HARNETT CENTRAL RD, ANGIER, NC 27501

TELEPHONE: 910-984-6115 SALES PERSON FULL NAME: LOT 46

BASE PRICE: 16500.00

State Tax: _____
Local Tax: _____

1. CASH PRICE 16500.00

2. TOTAL PACKAGE PRICE 16500.00

Trade Allowance _____
Less Amount Owed _____
Trade Equity _____
Cash Down Payment 1000.00

3. LESS ALL CREDITS _____

4. REMAINING BALANCE \$ 16500.00

Location	Type of Insulation	Thickness	R-Value
Floors			
Exterior			
Ceilings			

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

Rec. # 8137
1-8-18 \$1000.00
Remaining bal. ~~16500.00~~
\$15500.00 (u.s.)

Make: FLEETWOOD Model: BEACON HILL
Year: N/A Length: N/A Width: N/A Stock#: _____
Serial No.: NCFLH 69A(8) 00922 BH New Used

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

OPTIONS:
Pull APART AND DELIVER HOME

SELLER RESPONSIBILITIES:
HOME - 1908 FLEETWOOD BEACON HILL 24X48

BUYER RESPONSIBILITIES:
LAND, CASH PURCHASE UPON TITLE DELIVERY

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

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 THREEDAY 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. ESTIMATED RATE OF FINANCING % NUMBER OF YEARS ESTIMATED MONTHLY PAYMENTS

[Redacted area]

SELLER: Bill Balsley
CMH Homes, Inc. d/b/a -

BUYER: Harold Butts
Signature of:

Signature of:

Signature of:

Signature of:

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 18-50043029 Date 1/30/18
Property Address 61 THELMA ST
PARCEL NUMBER 11-0662- - -0014- -02-
PIN 0662-91-5682.000
Application type description CP MOBILE HOME PARK
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

BUTTS HAROLD T JR RAVEN ROCK MOBILE HOME MOVER
2191 KEITH HILLS ROAD 3335 NC 87 HWY.
LILLINGTON NC 27546 SANFORD NC 27332
(910) 893-4240 (919) 775-3600

Applicant

BUTTS HAROLD
2191 KEITH HILLS RD
LILLINGTON NC 27546
(910) 984-6115

--- Structure Information 000 000 28X48 3BDR DWMH
Other struct info # BEDROOMS 3000000.00
MOBILE HOME YEAR 1988.00
PROPOSED USE DWMH
SEPTIC - EXISTING? EXT

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code . 1226950
Issue Date 1/30/18 Valuation 0
Expiration Date . . 1/30/19

Special Notes and Comments
T/S: 01/05/2018 01:53 PM JBROCK ----
TAYLOR VILLAGE #46

HARNETT COUNTY CENTRAL PERMITTING

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Permit MANUFACTURED HOME PERMIT

Additional desc . .

Phone Access Code . 1226950

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	_____	___/___/___

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 1/30/18 52 Receipt no: 231004

Year	Number	Amount
2018	50043029	
61 THELMA ST		
ANGIER, NC 27501		
B1	BP - PERMIT FEES	\$200.00

DWMH

HAROLD BUTTS

Tender detail		
CK CHECK PAYMEN	8146	\$200.00
Total tendered		\$200.00
Total payment		\$200.00

Trans date: 1/30/18 Time: 12:37:27

** THANK YOU FOR YOUR PAYMENT **