

Application # 1850044329

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: NC Land Lease, LLC Date: 6-21-18
Address: P.O. BOX 5529 CARY, NC 27512
Telephone: 888 437 4808

Property Owner: NC Land Lease, LLC Phone: 888 437 4808
Lot Address: 64 N. Brenda St. Spring Lake NC 28390
Name of Park: Anderson Creek MHP Lot Number: Tract 2
Parcel: 0105150367 PIN: 0515504630000
 SW DW TW (Size 14 x 66) # Bedrooms 3 Year 2018
Power Company: South River EMC (For Progress Energy we need the premise number.)

Specific Directions to Job from Lillington:

210 South, turn right on to Overhill Rd, turn right on to
Archie St, turn left on to Carolin St (Anderson Creek MHP)
turn right on to N. Brenda Street.

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: 

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: _____ Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

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

Name: NC Land Lease, LLC Address: P.O. BOX 2533
City: Christiansburg State: VA Zip: 24068 Daytime Phone: 540 357 3474

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: _____ Address: 3335 NC Hwy 875
City: Sanford State: NC Zip: 27332
State Lic# 3400 Email: _____
- B. **Electrical Contractor** Company Name: Edwin Johnson / Red Top Electric
Phone: _____ Address: 1610 Cool Springs Rd
City: Sanford State: NC Zip: 27330
State Lic# 19422-L Email: _____
- C. **Mechanical Contractor** Company Name: TIN SHOP
Phone: _____ Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27332
State Lic# 22513 Email: _____
- D. **Plumbing Contractor** Company Name: Raven Rock MH Movers
Phone: _____ Address: 3335 NC Hwy 875
City: Sanford State: NC Zip: 27332
State Lic# 3400 Email: _____

Part III - Manufactured Home Information

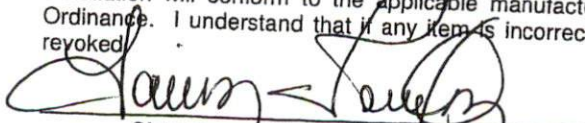
Model Year: 2018 Size: 14x66

Complete & follow zoning criteria sheet

Park Name: Anderson Creek Lot Number: 58 Ann Creek St.

SPRINGLAKE NC 28390

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

4-9-2018
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.

BUYER(S) **Mobile Homes Sales, LLC** PHONE **540-357-3476** DATE **07/18/2018**

ADDRESS **64 N. Brenda Street, Spring Lake, NC 28390** SALESPERSON

DELIVERY ADDRESS

MAKE & MODEL **Clayton Elation** YEAR **2018** BEDROOMS **3** FLOOR SIZE **L 14 W 66** HITCH SIZE **L W** STOCK NUMBER

SERIAL NUMBER **CWP039033TN** **NEW** **USED** COLOR **Clay** PROPOSED DELIVERY DATE **On Site** KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING			Loose fill fiberglass	OPTIONAL EQUIPMENT	\$ 23,369.00
EXTERIOR			Fiberglass		
FLOORS			Fiberglass		
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16.				TITLE FEE	
				SALES TAX	NC
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS	
				VARIOUS FEES AND INSURANCE	
				CASH PURCHASE PRICE	
				TRADE-IN ALLOWANCE	\$
				LESS BAL. DUE on above	\$
				NET ALLOWANCE	\$
				CASH DOWN PAYMENT	\$
				CASH AS AGREED SEE REMARKS	\$
				LESS TOTAL CREDITS	\$
				SUB-TOTAL	\$
				SALES TAX (If Not Included Above)	
				Unpaid Balance of Cash Sale Price	\$ 23,369.00

REMARKS: Sale contingent upon Buyer.
Annette Sands agrees that the home can not be moved out of the park and that there will be a lien on the home for the only reason of making sure the home does not get moved out of the park.

ESTIMATED RATE OF FINANCING To be provided by financier %
NUMBER OF YEARS To be provided by financier
ESTIMATED MONTHLY PAYMENTS \$ To be provided by financier

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 CONTRACT.
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.

DEALER: **Mobile Home Sales, LLC**
SIGNED X *Deek Hill* BUYER
SOCIAL SECURITY NO. _____ BUYER
SIGNED X _____ BUYER
SOCIAL SECURITY NO. _____ BUYER

By *Deek Hill* Approved
FORM 500NC
A PLAIN LANGUAGE PURCHASE AGREEMENT Rev10/06
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