

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Manufactured Home Set-Up Permit

(Please fill out each part completely. Must be accompanied by moving permit)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Christopher W. Dean Address: 479 Heaven St

City: Sanford State: NC Zip: 27332 Daytime Phone: 919-498-1090

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 State Lic# 3400

Phone: 919-498-1090 Address: 2516 Jefferson Davis Hwy

City: Sanford State: NC Zip: 27330

Setup Signature: Bobby Sharpe

B. Electrical Contractor Company Name: Bobby Sharpe State Lic# 23262

Phone: 919-498-3338 Address: 735 Sharpe Rd

City: Sanford State: NC Zip: 27330

Electrician's Signature: Bobby Sharpe

C. Mechanical Contractor Company Name: N/A State Lic#

Phone: Address: N/A

City: State: Zip:

HVAC Signature:

D. Plumbing Contractor Company Name: Christopher Dean State Lic# SELF

Phone: 919-498-1090 Address: 479 Heaven St

City: Sanford State: NC Zip: 27332

Plumber's Signature: Christopher Dean

Part III - Manufactured Home Information

New Used Singlewide Doublewide Triplewide

Model Year: 1994 Size: 14x70 Private Property Manufactured Home Park

Park Name: Lot Number: Directions to site or Manufactured Home Park from Lillington: go 27 Hwy to Heaven Rd. 479 to the left.

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and signatures, 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 12/1/07

*Effective July 1, 2004, a Harnett County Tax Department Moving Permit must be purchased before a Set Up Permit will be issued.

10/06

HH
Jessica

E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES
 2516 Jefferson Davis Highway
 SANFORD, NORTH CAROLINA 27330
 (919) 775-3600 • 1-800-509-3600 • Fax: (919) 775-7533

910-893-2793

BUYER(S) Christopher Dean PHONE 919-498-1090 DATE 12/26/10
 ADDRESS 479 Hoover Rd SALESPERSON EJ
 DELIVERY ADDRESS 479 Hoover Rd Wilmington NC 27546
 MAKE & MODEL Used SLW YEAR 1993 BEDROOMS 4 FLOOR SIZE 90 W 14 HITCH SIZE 14 STOCK NUMBER
 SERIAL NUMBER _____ COLOR _____ PROPOSED DELIVERY DATE _____ KEY NUMBERS _____
 NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$19900.00
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR FLOORS					
				SUB-TOTAL	\$

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	NON-TAXABLE ITEMS
	VARIOUS FEES AND INSURANCE
	1. CASH PURCHASE PRICE
	TRADE-IN ALLOWANCE \$
	LESS BAL. DUE on above \$
	NET ALLOWANCE \$
	CASH DOWN PAYMENT \$
	CASH AS AGREED SEE REMARKS \$
	2. LESS TOTAL CREDITS \$
	SUB-TOTAL \$
	SALES TAX (if Not Included Above)
	3. Unpaid Balance of Cash Sale Price \$19900.00

Sold as is
 * Set up and delivery -
 * Electrical hook up

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract 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 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.

REMARKS:

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

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 DEALER 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
 By: [Signature] Approved

SIGNED X [Signature] BUYER
 SOCIAL SECURITY NO. _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____