

110719

**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: Wilma & Rodney Howell Address: 5413 Plum Lane

City: Blytheville State: AR Zip: 72315 Daytime Phone: (870) 532-0637

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

Name: NORMAN WALLACE Address: 8406 NC Hwy 27W

City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 893 2289

**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: Michael Douglas Locklear State Lic# 3660

Phone: 910 671 6740 Address: 226 Shannon Rd

City: Lumberton State: NC Zip: 28360

Setup Signature: David Locklear

B. Electrical Contractor Company Name: Joey Hardin Elect Ser State Lic# 19728-L

Phone: 910 740 6694 Address: 2352 Tobacco Rd

City: Fairmont State: NC Zip: 28340

Electrician's Signature: Joey Hardin

C. Mechanical Contractor Company Name: Spells Mechanical State Lic# 10574

Phone: 910 525 5976 Address: PO Box 93

City: Autryville State: NC Zip: 28318

HVAC Signature: Mickey Spell

D. Plumbing Contractor Company Name: Allen Callahan - Als Plumbing State Lic# 08910

Phone: \_\_\_\_\_ Address: 1551 Yarbrough Rd

City: Parkton State: NC Zip: 28371

Plumber's Signature: Allen Callahan

**Part III - Manufactured Home Information**

New  Used  Singlewide  Doublewide  Triplewide

Model Year: 2007 Size: 28 X 56 Private Property  Manufactured Home Park

Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Directions to site or Manufactured Home Park from Lillington: Hwy 27 Right on Spring Hill Church Rd Left on Suitt Left on Rad. St 1st Lot on Right

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.

Carla Connors  
Signature of Home Owner or Agent

2/2/07  
Date

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

(Seller) Vision Homes  
 Address: 2965 Gillespie St  
Fayetteville, NC  
28306

**CONTRACT TO PURCHASE AND DEPOSIT AGREEMENT**

This contract includes  
 A \$1500.00 Septic  
 tank allowance.  
 The Blank orig. I  
 will give you EXACT  
 FIGURES AFTER WE  
 DATE get septic permit!

Telephone: (910) 323-8222

NAME Wilma E. Howell

ADDRESS 5413 Plum Lane, Blytheville, AR 72315 TELEPHONE RES. 870-532-0637  
 BUS.

MANUFACTURER <u>Clayton (cmh)</u>	MAKE <u>Oakwood</u>	MODEL & YEAR <u>1005 2007</u>	B. ROOMS <u>3</u>	LENGTH & WIDTH <u>56' x 28'</u>	APP SQ. FT. <u>1493</u>
SERIAL NUMBER <u>RIC 241784 NCAB</u>	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	COLOR <u>White</u>	DELIVERED TO: County <u>HARNETT</u> State <u>NC</u>	SALESPERSON <u>Carla Emmons</u>	
IN TRADE FOR:	MAKE	YEAR	PAYOFF TO?	SERIAL NUMBER	
	LENGTH	WIDTH	COLOR	BEDROOMS	TITLE WHERE?
				ACCT. NUMBER	

**OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES**

3 ton Heat Pump installed; Electric pedestal installed; Pier and Perimeter footers; Brick skirting w/ 8'x16' Raised patio; Positive grade at base of Home; Permits; Waterline from street to home; Septic tank installed; Plumbing; 14' minimum driveway pipe; One tandem load gravel for driveway and spread.

**SET UP AGREEMENT**

Blocked and Anchored per county code

**REMARKS**

Tires & Axles ARE property of Vision Homes and will be Returned to Vision Homes.

ESTIMATED RATE OF FINANCING 6.25 %  
 NUMBER OF YEARS 20  
 ESTIMATED MONTHLY PAYMENTS \$ 296.84

CASH PRICE OF HOME	\$ <u>69977.00</u>
Optional Equipment, Labor and Accessories	
SUB-TOTAL	\$ <u>69977.00</u>
Sales Tax	<u>600.00</u>
Other Tax	
Homeowner's Ins. Premium _____ Yrs.	
Family Protection Ins. Premium _____ Yrs.	
Various Fees <u>Title Fee</u>	<u>40.00</u>
1. CASH PRICE	\$ <u>70617.00</u>
TRADE-IN ALLOWANCE \$	
LESS BALANCE DUE ON ABOVE \$	
NET ALLOWANCE \$	
CASH DOWNPAYMENT \$ <u>32000.00</u>	
2. LESS TOTAL CREDITS	<u>32000.00</u>
3. UNPAID BALANCE OF CASH SALE PRICE	\$ <u>38617.00</u>

The undersigned Purchaser(s) has agreed to purchase from Vision Homes (the "Seller") the manufactured home described above (the "Home"). In that connection, Purchaser(s) submits herewith a (check appropriate boxes)

Manufactured Home Credit Application and/or  Nonrefundable Deposit of \$ 7100.00

Purchaser(s) agrees that the above deposit shall apply toward the Cash Price of the Home indicated above. If Purchaser(s) fails to complete the purchase of the Home and all related documents by FEBRUARY 28, 2007, or otherwise fails to accept delivery of the Home, Purchaser(s) agrees that the above Deposit shall be forfeited by Purchaser(s) and retained by Seller, to the extent permitted by applicable law, as liquidated damages and to be applied toward the satisfaction of the obligation of Purchaser(s) regarding the Home. If Purchaser(s) will obtain a loan to finance this purchase, Purchaser(s) obligation under this Agreement is subject to Purchaser(s) obtaining a loan for the "Unpaid Balance of Cash Sale Price" set forth on Line No. 3 above at an annual interest rate not to exceed 6.25% (fixed rate or initial variable rate).

Purchaser(s) acknowledges and agrees that any and all wheels, axles, and related apparatus and equipment used to transport the Home for delivery to Purchaser are and shall remain at all times the sole property of Manufacturer and are not sold to Purchaser.

Purchaser(s) represents to Seller that, to the best of Purchaser's knowledge, the lot upon which the Home is to be located  is  is not located in a Special Flood Hazard Area as shown on maps prepared by the U.S. Department of Housing and Urban Development, or in a flood prone area. In the event the Home is to be located in a Special Flood Hazard Area as shown on maps prepared by the U.S. Department of Housing and Urban Development, or in a flood prone area, the costs to set up the Home upon delivery may exceed those provided for in this Contract or contemplated

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF  Crawl Space ( ) Building Construction Cost \$ 800  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

Vision Homes 910 323 8222

Building Contractor's Company Name Telephone

2965 Gillespie St Fayetteville NC 28306 PRN

Address License #

Carla Emmons

Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )

Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_

Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_

Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Plumbing Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

Insulation Contractor's Company Name & Address Telephone

<b>Commercial Jobs must fill out this portion</b>	
<b><u>Sprinkler System Information</u></b>	
<hr/> <b>Sprinkler Contractor's Company Name</b>	<hr/> <b>Contact &amp; Telephone</b>
<hr/> <b>Address</b>	<hr/> <b>License #</b>
<hr/> <b>Signature of Officer(s) of Corporation</b>	
<b><u>Fire Alarm System Information</u></b>	
<hr/> <b>Fire Alarm Contractor's Company Name</b>	<hr/> <b>Contact &amp; Telephone</b>
<hr/> <b>Address</b>	<hr/> <b>License #</b>
<hr/> <b>Signature of Officer(s) of Corporation</b>	
<b><u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?</b>	
Yes	No

<b>Homeowners Applying to Build Their Own Home</b>	
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.	
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)	
1. Do you own the land on which this building will be constructed?	___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	___ yes ___ no
3. Do you intend to directly control & supervise construction activities?	___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?	___ yes ___ no
<hr/> <b>Sign &amp; date</b>	

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Carla Simmons  
Signature of Owner/Contractor/Officer(s) of Corporation

2/2/07  
Date

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- \_\_\_\_\_ General Contractor
- \_\_\_\_\_ Owner
- \_\_\_\_\_  Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

\_\_\_\_\_ Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: VISION HOMES

Sign/Title: Carla Emmons Managing Member

Date: 2/2/07