

used wrong form

* 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.

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

Application # _____
Setup APP

Owner's Name: GREENFIELD HOUSING / MARK CRAFT Date: 6/21/07
Address: 2117 HWY 70 E. GARNER, N.C 27529 Phone: 772-2220
Directions to job site from Lillington: 210 TOWARDS ANGER, TURN @ ON 461 TOWARDS FURBER
TURN @ ON CHATORTHEATE RD GO 410 MILE + TURN @ ON CHURCH TURN @ ON LEWIS SOUTH
Subdivision: N/A Lot: N/A

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

Total Project Cost: 80,000 Description of Proposed Work: CONSTRUCTION OF MANUFACT. HOME

Setup cont.

Heated SF 1713 Crawl Space () Building Construction Cost \$ 9,000
Unheated SF Slab () Acres Disturbed 0 Stories 1
JTD SERVICES / MIKE BARBAR (919) 669-7053
Building Contractor's Company Name Telephone
105 ASPEN CIRCLE, CLAYTON NC License # 32512
Address

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ 600.00
TS Pole: Yes () No (X) Underground (X) Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
DELTA ELECT of RAL (919) 427-8709
Electrical Contractor's Company Name Telephone
P.O. Box 620 GARNER, NC License # 14994-U
Address

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work SPLIT SYSTEM
Number of Units 1 Type System SPLIT Mechanical Cost \$ 4,000
HAMILTON'S HEAT + AIR (919) 552-9419
Mechanical Contractor's Company Name Telephone
5209 SUGS COURT, FURQUAN - VIRGINIA License # 15698
Address

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work CONNECT ALL PLUMBING
Number of Baths 2 Plumbing Cost \$ 2,000
PRIORITY PLUMBING (919) 639-7200
Plumbing Contractor's Company Name Telephone
P.O. Box 624, Willow Springs License # 18550 CLASS 1
Address

[Signature]
Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address Telephone

DAVID BANNISTER ENTERPRISES

D/B/A Greenfield Housing Center
2117 Highway 70 East
Garner, North Carolina 27529
(919) 772-2220

BUYER(S) MIGUEL & Amy NUNEZ		PHONE 919 227-6462	DATE 4/27/07
ADDRESS 639 6369 Old Stage Rd.		SALESPERSON	
DELIVERY ADDRESS 285 Lennae Smith Rd. Fuquay - VARINA N.C. 27526			
MAKE & MODEL Blue Devil Bungalow	YEAR 07	BEDROOMS 3	FLOOR SIZE L 48 W 22 L
SERIAL NUMBER	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		PROPOSED DELIVERY DATE
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.18.			BASE PRICE OF UNIT \$ 110,150
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			OPTIONAL EQUIPMENT
I HAVE RECEIVED A COPY OF FORM NC/NC.			SUB-TOTAL \$ 110,150
NON-TAXABLE ITEMS			SALES TAX
VARIOUS FEES AND INSURANCE			
1. CASH PURCHASE PRICE			
TRADE-IN ALLOWANCE \$			
LESS BAL. DUE on above \$			
NET ALLOWANCE \$			
CASH DOWN PAYMENT \$ 30,000			
CASH AS AGREED SEE REMARKS \$			
2. LESS TOTAL CREDITS			
SUB-TOTAL \$			
SALES TAX (if Not Included Above)			
3. Unpaid Balance of Cash Sale Price \$ 80,150			
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: Sellse to pay \$4,500 toward Selling cost			
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 <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			
DAVID BANNISTER ENTERPRISES		DEALER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SIGNED X [Signature] BUYER	
By [Signature] Approved		SOCIAL SECURITY NO. 1245 39 1 02710	
		SIGNED X [Signature] BUYER	
		SOCIAL SECURITY NO. 238 69 1 0532	

State of North Carolina

To All Who Shall See These Presents

Breetings

James Michael Barbour

J M B Services

105 Aspen Circle

Clayton, NC 27520

is authorized to engage in the business of

Set-up Contractor

in the State of North Carolina having been duly licensed and bonded by the **North Carolina Manufactured Housing Board**, as required by

N.C.S.S. 143.8 - 143.23

This license is valid until midnight 06/30/08

In Witness Whereof, I Have hereto signed my name and affixed our Official Seal, in the city of Raleigh.

North Carolina Manufactured Housing Board

By _____

Commissioner of Insurance and Chairman



7/20/07
Need proof
of MFHC
removal