

## Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

## 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: Loretta McLawrin Address: 2535 Raven Rock RdCity: Lillington State: NC Zip: 27546 Daytime Phone: 910-893-8491

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

Name: Brooks O Quinn Address: Brown RdCity: Lillington State: NC Zip: 27546 Daytime Phone: ( ) \_\_\_\_\_

## Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

Name, address, &amp; phone must match information on license)

A. Set-Up Contractor Company Name: Raven Rock mt moversPhone: 919-775-3600 Address: 2516 Jeffers Davis HwyCity: Sanford State: NC Zip: 27330Setup Signature: Bobby Duggs State Lic# 3400B. Electrical Contractor Company Name: Bobby SharpePhone: 919-499-8338 Address: 735 Sharpe RdCity: Sanford State: NC Zip: 27330Electrician's Signature: Bobby Sharpe State Lic# 23262C. Mechanical Contractor Company Name: Tin ShopPhone: 919-499-1757 Address: 3489 Edwards RdCity: Sanford State: NC Zip: 27330HVAC Signature: Kevin Williams State Lic# 22513D. Plumbing Contractor Company Name: Loretta McLawrinPhone: 910-893-8491 Address: 2535 Raven Rock RdCity: Lillington State: NC Zip: 27546Plumber's Signature: Loretta McLawrin State Lic# SELF

## Part III - Manufactured Home Information

Model Year: 2010 Size: 24 x 52 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 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]  
Signature of Home Owner or Agent

4/26/10  
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.

**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

BUYER(S) <u>Loretta McLaurin</u>		PHONE <u>710 893 8491</u>	DATE <u>4/26/2010</u>
ADDRESS <u>2535 Raven Rock Rd Lillington NC 27546</u>		SALESPERSON <u>EJWomack</u>	
DELIVERY ADDRESS <u>Cherry Blossom Ln Lot 3</u>			
MAKE & MODEL <u>Horton</u>	YEAR <u>2010</u>	BEDROOMS <u>3</u>	FLOOR SIZE <u>L52 W24 L56 W24</u>
SERIAL NUMBER <u>402342</u>	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	COLOR <u>CLAY</u>	PROPOSED DELIVERY DATE <u>ASAP</u>
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 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT \$ <u>54360.00</u>	
<u>Home to be delivered,</u> <u>Setup to include septic tank,</u> <u>water lines, electrical hookup</u> <u>brick skirting, steps, heat</u> <u>pump and permits</u>		OPTIONAL EQUIPMENT	
		SUB-TOTAL \$	
		SALES TAX <u>600.00</u>	
		NON-TAXABLE ITEMS <u>40.00</u>	
		VARIOUS FEES AND INSURANCE	
		1. CASH PURCHASE PRICE \$ <u>55000.00</u>	
		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)		\$ <u>0</u>	
3. Unpaid Balance of Cash Sale Price \$ <u>0</u>			
<p>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.</p>			
ESTIMATED RATE OF FINANCING _____ %			
NUMBER OF YEARS _____			
ESTIMATED MONTHLY PAYMENTS \$ _____			
<p>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.</p>			
<p>BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.</p>			
<p>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.</p>			
REMARKS:			
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$			
NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.			
DESCRIPTION OF TRADE-IN	YEAR	SIZE X	
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			
E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES		DEALER	
SIGNED <u>Loretta McLaurin</u>		BUYER	
SOCIAL SECURITY NO. _____			
SIGNED X _____		BUYER	
SOCIAL SECURITY NO. _____			
By <u>EJW</u>		Approved	