

OCT. 26. 2008 7:34AM WHHS
COUNTY OF HARNETT, NC FAIR HOMES 9197757533

NO. 635 P. 33
TO: 9191009

Application # 20655

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548

Telephone Number: 910-893-7825 Fax 910-863-2793 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: BML, L.L.C Address: PO Box 577

City: LILLINGTON State: NC Zip: 27546 Daytime Phone: 910 890 2103

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

Name: GAFF Address: _____

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

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.
Name, address, & phone given each information on license)

A. Set-Up Contractor Company Name: Dawn York M & MOVERS
Phone: 919-715-3600 Address: 2516 Jefferson Davis Hwy
City: Saraford State: NC Zip: 27330

Setup Signature: Bobby Sharp State Lic# 3400

B. Electrical Contractor Company Name: Bobby Sharp
Phone: 919-499-3538 Address: 788 Sharps Rd
City: Saraford State: NC Zip: 27332

Electrician's Signature: Bobby Sharp State Lic# 232602

C. Mechanical Contractor Company Name: Tin Shop
Phone: 919-499-1757 Address: 3459 Edwards Rd
City: Saraford State: NC Zip: 27330

HVAC Signature: James Whitloman State Lic# 23513

D. Plumbing Contractor Company Name: W & W PLUMBING Co. INC
Phone: 919-639-0155 Address: PO Box 1239
City: ANKER State: NC Zip: 27601

Plumber's Signature: Will Wells State Lic# 14087

Part III - Manufactured Home Information

Model Year: 2007 Size: 14x70 # of Bedrooms 2

Park Name: N/A 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 of Home Owner or Agent

Date: 10/27/08

*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 900 and if applicable, the serial number.
List of Inspections and Egress requirements available upon request.

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 <i>Kenneth Moss</i>		PHONE		DATE <i>9.11.08</i>	
ADDRESS				SALESPERSON	
DELIVERY ADDRESS					
MAKE & MODEL <i>Champion</i>		YEAR <i>01</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>76 W 14 L 80 W 14</i>	HITCH SIZE <i>80 W 14</i>
SERIAL NUMBER <i>023-000-14-012212A</i>		COLOR		PROPOSED DELIVERY DATE <i>ASAP</i>	STOCK NUMBER
NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/>		KEY NUMBERS			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$ <i>30,000.00</i>
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16.				SALES TAX	<i>300.00</i>
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS	<i>40.00</i>
				VARIOUS FEES AND INSURANCE	
				1. CASH PURCHASE PRICE	\$ <i>30,340.00</i>
				TRADE-IN ALLOWANCE \$	
				LESS BAL. DUE on above \$	
				NET ALLOWANCE \$	
				CASH DOWN PAYMENT \$	
				CASH AS AGREED SEE REMARKS \$	
				2. LESS TOTAL CREDITS	\$
				SUB-TOTAL	\$ <i>30,340.00</i>
				SALES TAX (If Not Included Above)	
				3. Unpaid Balance of Cash Sale Price	\$ <i>30,340.00</i>
REMARKS: <i>Home to be delivered and setup.</i> <i>DO include 3 ton heat pump</i>				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.	
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					
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			DEALER Signed X _____ SOCIAL SECURITY NO _____ / _____ / _____ Signed X _____ SOCIAL SECURITY NO _____ / _____ / _____		
By <i>EJ Womack</i> Approved			BUYER Signed X _____ SOCIAL SECURITY NO _____ / _____ / _____		