



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: Jason Bethune Address: Stock Yard Rd.

City: Lillington State: NC Zip: 27546 Daytime Phone: ( 1 ) 910 512 1132

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 M.H. Movers State Lic# 3400

Phone: 919-775-3600 Address: 2516 Jefferson Davis Hwy

City: Sanford State: NC Zip: 27330

Setup Signature: Bobby Suggs

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

Phone: 919-499-3888 Address: 735 Sharpe Rd

City: Sanford State: NC Zip: 27330

Electrician's Signature: Bobby Sharpe

C. Mechanical Contractor Company Name: Tin Shop State Lic# 23513

Phone: 919-708-8340 Address: 3489 Edwards Rd

City: Sanford State: NC Zip: 27330

HVAC Signature: Kevin Whifferson

D. Plumbing Contractor Company Name: Wayne Plumbing State Lic# 02624

Phone: 910-891-8114 Address: Box 484

City: MAMERS State: NC Zip: 27552

Plumber's Signature: James R. W.

**Part III - Manufactured Home Information**

New  Used  Singlewide  Doublewide  Triplewide

Model Year: 1990 Size: 14 X 70 Private Property   Manufactured Home Park

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

Directions to site or Manufactured Home Park from Lillington: \_\_\_\_\_

401 South take a Right on Stock Yard Rd. the house will be immediately on your 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.

Jason Bethune  
Signature of Home Owner or Agent

4/15/10  
Date

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

21351

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: Jason Bethune Address: Stockyard Rd  
City: Lillington State: NC Zip: 27546 Daytime Phone: ( ) 910 512-1132

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

Name: Larry Bethune Address: 187 Barnes Avenue  
City: Lillington State: NC Zip: 27546 Daytime Phone: ( ) 893-3386

**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: 919-775-3600 Address: 2516 Jefferson Davis Hwy  
City: Sanford State: NC Zip: 27330

Setup Signature: Bobby Sharpe

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Phone: 919-499-3888 Address: 735 Sharpe Rd  
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Electrician's Signature: Bobby Sharpe

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Phone: 919-708-8340 Address: 3489 Edwards Rd  
City: Sanford State: NC Zip: 27330

HVAC Signature: Kevin Wilkerson

D. Plumbing Contractor Company Name: \_\_\_\_\_ State Lic# \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plumber's Signature: \_\_\_\_\_

**Part III - Manufactured Home Information**

New  Used  Singlewide  Doublewide  Triplewide

Model Year: 1984 Size: 14 X 52 Private Property  Manufactured Home Park

Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Directions to site or Manufactured Home Park from Lillington: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Jason B.  
Signature of Home Owner or Agent

6/3/10  
Date

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



**E. J. WOMACK ENTERPRISES INC.  
DBA COUNTRY FAIR HOMES**

2516 Jefferson Davis Highway  
SANFORD, NORTH CAROLINA 27330  
(919) 775-3600 • 1-800-508-3600 • Fax: (919) 775-7533

BUYER(S) <u>Jason Bethune</u>		PHONE	DATE <u>5/28/10</u>
ADDRESS <u>3512 Benson Rd Angier NC</u>		SALESPERSON <u>ET</u>	
DELIVERY ADDRESS <u>Stackyard Rd Lillington NC 27546</u>			
MAKE & MODEL <u>Smitt Crest</u>	YEAR <u>1984</u>	BEDROOMS <u>52</u>	FLOOR SIZE <u>14</u>
SERIAL NUMBER <u>49-5-817-9048</u>	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED	COLOR	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.			BASE PRICE OF UNIT \$ <u>8000.00</u>
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			SALES TAX <u>45.00</u>
NON-TAXABLE ITEMS			
VARIOUS FEES AND INSURANCE			
1. CASH PURCHASE PRICE			\$ <u>8045.00</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)			
3. Unpaid Balance of Cash Sale Price			\$ <u>8045.00</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. 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	
MAKE	MODEL	BEDROOMS	X
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			
<p>E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES</p>			
By <u>[Signature]</u>		DEALER	
SIGNED X _____		BUYER	
SOCIAL SECURITY NO. _____		BUYER	
SIGNED X _____		BUYER	
SOCIAL SECURITY NO. _____		BUYER	