

Application

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)

		-Owner information.	DAT			
		Owner Information (To be completed by owner of the manufactured home)				
		: Wade Dodson Address: 144 Watter Allen Un				
	City: _	Booklass Fugury State: NC Zip: 27526 Daytime Phone: 304 208-383	l			
	Landowner Information (To be completed by landowner, if different than above)					
	Name: <u> Annotte Oodson</u> Address: 144 Datter Allen Un					
	City: _	Francy State: NC Zip: 27526 Daytime Phone: 919 413-5896	1			
	Part II	- Contractor Information (To be completed by Contractors or Homeowner, if applicable.				
	A.	Name, address, & phone must match information on license) Set-Up Contractor Company Name: 5tate MH Movers				
		Phone: 919-422-8623 Address: 1085-A Aquilla Road				
		City: BensonState: _ncZip: _2750U				
		Setup Signature: Solvy hones State Lic# 3859				
	B.	Electrical Contractor Company Name: A5 Owner				
1		Phone: Address:				
7		City: State: Zip:				
		Electrician's Signature: Whole Door State Lic#				
	C. Mechanical Contractor Company Name: A Owner					
		Phone: Address:				
		City: State: Zip:				
		HVAC Signature: Wall Doc State Lic#				
	D.	Plumbing Contractor Company Name: A 5 Owner				
		Phone: Address:				
		City: State: Zip:State Lic#				
		Plumber's Signature: Mall Down State Lic#				
	D W					
	Part III – Manufactured Home Information					
	Model Year: <u>2689</u> Size: <u>16x 78</u> Complete & follow zoning criteria sheet					
	Park Na	lame: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					
	informat	tion has been provided that this permit could be revoked.				
		Wall 1000				
		Signature of Home Owner or Agent Date				

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

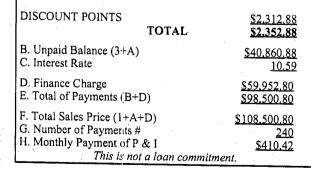
385098 SALES AGREEMENT DATE: BUYER(S): W ADDRESS: 238 ASHTON LN DELIVERY ADDRESS: 144 WALTER ALLEN LANE, FUQUAY-VARINA, NC 27526 TELEPHONE: (919) 639-8362 SALES PERSON: Catherine Long BASE PRICE: \$48,208.00 Make: CMH Model: SOUTHERN E State Tax \$300.00 Year 200 \$ Width 🖊 Stock # E44499 Local Tax \$.00 Serial No. S. AI Used 🗖 New 🗵 TRADE: Make: N/A Model: N/A 1. CASH PRICE \$48,508.00 Year N/A Length N/A Width N/A Title # Trade Allowance Serial No. <u>N/A</u> Less Amount Owed N/A Amount owed will be paid by: Buver 🗵 Seller Trade Equity N/A Owed to: Cash Down Payment \$10,000.00 OPTIONS: white vinvl skirting installed, couch and loveseat as shown in home. 2. LESS ALL CREDITS \$10,000,00 3. REMAINING BALANCE SELLER RESPONSIBILITIES: Deliver and setup to county code, \$38,508.00 Location Type of Thickness R-Value Insulation Floors fiberglass 6 75 21 Exterior fiberglass 3.50 BUYER RESPONSIBILITIES: all Permits, all other contracting Ceilings cellulose 8.06 28 This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, Section 460.16. May not meet local codes and standards. New homes meet Federal ESTIMATED MORTGAGE. Buyer is voluntarily Manufactured Home Standards purchasing any insurance products listed below. All I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE numbers are estimated. This does not include escrow. BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE A. Other Changes T I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS Property Insurance N/A CELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE Credit Life Insurance N/A ER THE THREE-DAY PERIOD, I UNDERSTAND THAT THE DEALER N/A NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL THE Title Fees \$40.00 MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO Filing Fees \$.00 THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT. ESTIMATED RATE OF INTEREST 10.59% NUMBER OF YEARS 20.0

ESTIMATED MONTHLY PAYMENT OF P & I \$410.42

Buyer(s) agree: (1) that the terms and conditions on page two are part of this is

agreement; (2) to purchase the above home including the options; (3) they received and acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

SELLER /	BUYER:	on Ai
CLAYTON HOMES DUNN, NC	x // (Signa	UN STUSE Ture of WADE A DODSO
	x	24.2
		(Signature
	x	أيم فعر
		(Signature
	x	
		(Signature



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