

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: CARL P. TEMPLE Address: 699 BALL PARK LANE
City: ERWIN State: NC Zip: 28339 Daytime Phone: (910) 494-8733

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

Name: CARL P. TEMPLE Address: 699 BALL PARK LANE
City: ERWIN State: NC Zip: 28339 Daytime Phone: (910) 494-8733

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: NCL Modular Sets LLC
Phone: (910) 893-4697 Address: 2215 Bunnlevel-Erwin Rd.
City: Bunnlevel State: NC Zip: 28323
Setup Signature: James L. Mason State Lic# 2966

B. **Electrical Contractor** Company Name: TEMPLE SERVICES
Phone: 910-893-5009 Address: 699 BALL PARK LANE
City: ERWIN State: NC Zip: 28339
Electrician's Signature: Carl Temple State Lic# 15049-L

C. **Mechanical Contractor** Company Name: CARL TEMPLE
Phone: 910-893-5009 Address: 699 BALL PARK LANE
City: ERWIN State: NC Zip: 28339
HVAC Signature: Carl Temple State Lic# 15447

D. **Plumbing Contractor** Company Name: CARL TEMPLE
Phone: 910-893-5009 Address: 699 BALL PARK LANE
City: ERWIN State: NC Zip: 28339
Plumber's Signature: Carl Temple State Lic# 15447

Part III - Manufactured Home Information

Model Year: 2011 Size: 26 X 60 **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.

Carl Temple
Signature of Home Owner or Agent

3-15-11
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) CARL Temple PHONE 910 494 8733 DATE 3-31-11
 ADDRESS 699 BALL PARK LANE ERWIN NC 28539 SALESPERSON EJW
 DELIVERY ADDRESS _____

MAKE & MODEL Champion 2960 YEAR 2011 BEDROOMS 3 FLOOR SIZE L 60 W 28 HITCH SIZE L 64 W 28 STOCK NUMBER _____
 SERIAL NUMBER A000257AB NEW USED COLOR WHT PROPOSED DELIVERY DATE AS AP KEY NUMBERS _____

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING	30			\$ 4684500
EXTERIOR	11			
FLOORS	22			

OPTIONAL EQUIPMENT _____
 SUB TOTAL \$ _____
 SALES TAX 600.00

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		NON TAXABLE ITEMS
	\$	VARIOUS FEES AND INSURANCE
		1 CASH PURCHASE PRICE
		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 47485.00

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 \$ _____

REMARKS _____
 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
 MOUNT OWING TO WHOM
 ANY DEBT BUYER OWES ON TRADE IN IS TO BE PAID BY DEALER BUYER

**E J WOMACK ENTERPRISES INC
DBA COUNTRY FAIR HOMES** DEALER
 SIGNED X Carl Temple BUYER
 SOCIAL SECURITY NO _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO _____