

verified
7.24.12

Application # 12-50029441

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: Stacey D. Baker Address: Knight Rd
City: Sanford State: NC Zip: 27332 Daytime Phone: (919) 721-2236

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

Name: Danny M. + Peggy B. Baker Address: 1145 Knight Rd
City: Sanford State: NC Zip: 27332 Daytime Phone: (919) 935-1600

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: Power Rock MH Movers
Phone: 919-775-3600 Address: 3335 NC 87 Hwy S
City: Sanford State: NC Zip: 27332
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Hot Shotz
Phone: 919-770-4249 Address: 529 Brinn Dr
City: Sanford State: NC Zip: 27330
State Lic# 17702 L Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
Phone: 919-499-1757 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27332
State Lic# 22513-2 Email: N/A
- D. **Plumbing Contractor** Company Name: Stacey D Baker
Phone: 919-721-2236 Address: Knight Rd
City: Sanford State: NC Zip: 27332
State Lic# SELF Email: N/A

Part III - Manufactured Home Information

Model Year: _____ Size: X **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 have obtained their permission to purchase these permits on their behalf, 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.

Stacey D. Baker
Signature of Home Owner or Agent

7/23/12
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**

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) Stacy Baker		PHONE	DATE
ADDRESS Knights Rd Sanford NC		SALESPERSON Nick Womack	
DELIVERY ADDRESS			
MAKE & MODEL Champion 9674	YEAR 2013	BEDROOMS 3	FLOOR SIZE 1616
SERIAL NUMBER TBD	COLOR	PROPOSED DELIVERY DATE ASAP	HITCH SIZE W
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	
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 16CRF, SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT	
* Home to be delivered and set-up		\$ 40,867.00	
* plumbing		OPTIONAL EQUIPMENT	
* Electrical hook up		SUB-TOTAL \$	
* 2 set of steps		SALES TAX 300.00	
* Heat pump		45.00	
* Skirting (vunil)		NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
		1. CASH PURCHASE PRICE	
		\$ 41,212.00	
		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	
		\$ 41,212.00	
REMARKS:			
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 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	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SIGNED X _____ BUYER	
By Nina Womack Approved		SOCIAL SECURITY NO. _____ / _____ / _____	
		SIGNED X _____ BUYER	
		SOCIAL SECURITY NO. _____ / _____ / _____	