

Initial Application Date: 3-11-15

Application # 15 500 35661

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: MICHAEL E. WILLIAMS JR. Mailing Address: 428 HILLIARD RD.  
City: FUQUAY VARINA State: NC Zip: 27526 Contact No: 910 308-6854 Email: \_\_\_\_\_

APPLICANT: JAMES EDWIN STAHL II Mailing Address: 875 MIKE WILLIAMS LN.  
City: BUNNLEVE State: NC Zip: 28323 Contact No: (910) 984-6878 Email: jimmy07@CENTURYLINK.NET  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JAMES E. STAHL II Phone # (910) 984-6878

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ IR # 5 Lot Size: 15,045  
State Road # \_\_\_\_\_ State Road Name: NC 210 South Map Book & Page: 16, 25  
Parcel: 01 0545 0073 PIN: 0536 88 7198.000  
Zoning: BA20 Flood Zone: X Watershed: III Deed Book & Page: 1343, 0029 Power Company\*: SOUTH RIVER EMC

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

PROPOSED USE:

- SFD: (Size \_\_\_ x \_\_\_) # Bedrooms: \_\_\_ # Baths: \_\_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ Slab: \_\_\_ Monolithic Slab: \_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms))
- Mod: (Size \_\_\_ x \_\_\_) # Bedrooms \_\_\_ # Baths \_\_\_ Basement (w/wo bath) \_\_\_ Garage: \_\_\_ Site Built Deck: \_\_\_ On Frame \_\_\_ Off Frame \_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no)
- Manufactured Home: \_\_\_ SW \_\_\_ DW \_\_\_ TW (Size 76 x 39) # Bedrooms: 4 Garage: \_\_\_ (site built? \_\_\_) Deck: ✓ (site built? Y)
- Duplex: (Size \_\_\_ x \_\_\_) No. Buildings: \_\_\_ No. Bedrooms Per Unit: \_\_\_
- Home Occupation: # Rooms: \_\_\_ Use: \_\_\_ Hours of Operation: \_\_\_ #Employees: \_\_\_
- Addition/Accessory/Other: (Size \_\_\_ x \_\_\_) Use: \_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply: \_\_\_ County \_\_\_ Existing Well  New Well (# of dwellings using well ( )) \*Must have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist) \_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes ( ) no

Does the property contain any easements whether underground or overhead ( ) yes ( ) no East SW MH  
Structures (existing or proposed): Single family dwellings: \_\_\_ Manufactured Homes: Purpose d DW MH Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>100+</u>
Rear		<u>25</u>		<u>1000+</u>
Closest Side		<u>10</u>		<u>85</u>
Side street/corner lot				
Nearest Building on same lot				<u>150</u>

Comments: Letter of permission 2nd Home on Parcel II

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE ~~FROM~~ HIGHWAY NC 210 SOUTH  
PAST FLAT BRANCH STORAGE NEXT ROAD TO LEFT IS MIKE WILLIAMS LN.  
TAKE MIKE WILLIAMS LANE 7/8 OF MILE TO 875 MIKE WILLIAMS LANE. (SINGLE WIDE)  
TO THE RIGHT OF SINGLE WIDE APPROX 130' INTO WOODS IS SITE.  
I HAVE MARKED WITH FLAGS & ORANGE RIBBON ON SITE FOR HOUSE.  
PLEASE CALL (910) 984-6878 AND I'LL MEET AND TAKE YOU  
INTO SITE IF THAT MAKES ANY EASIER.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

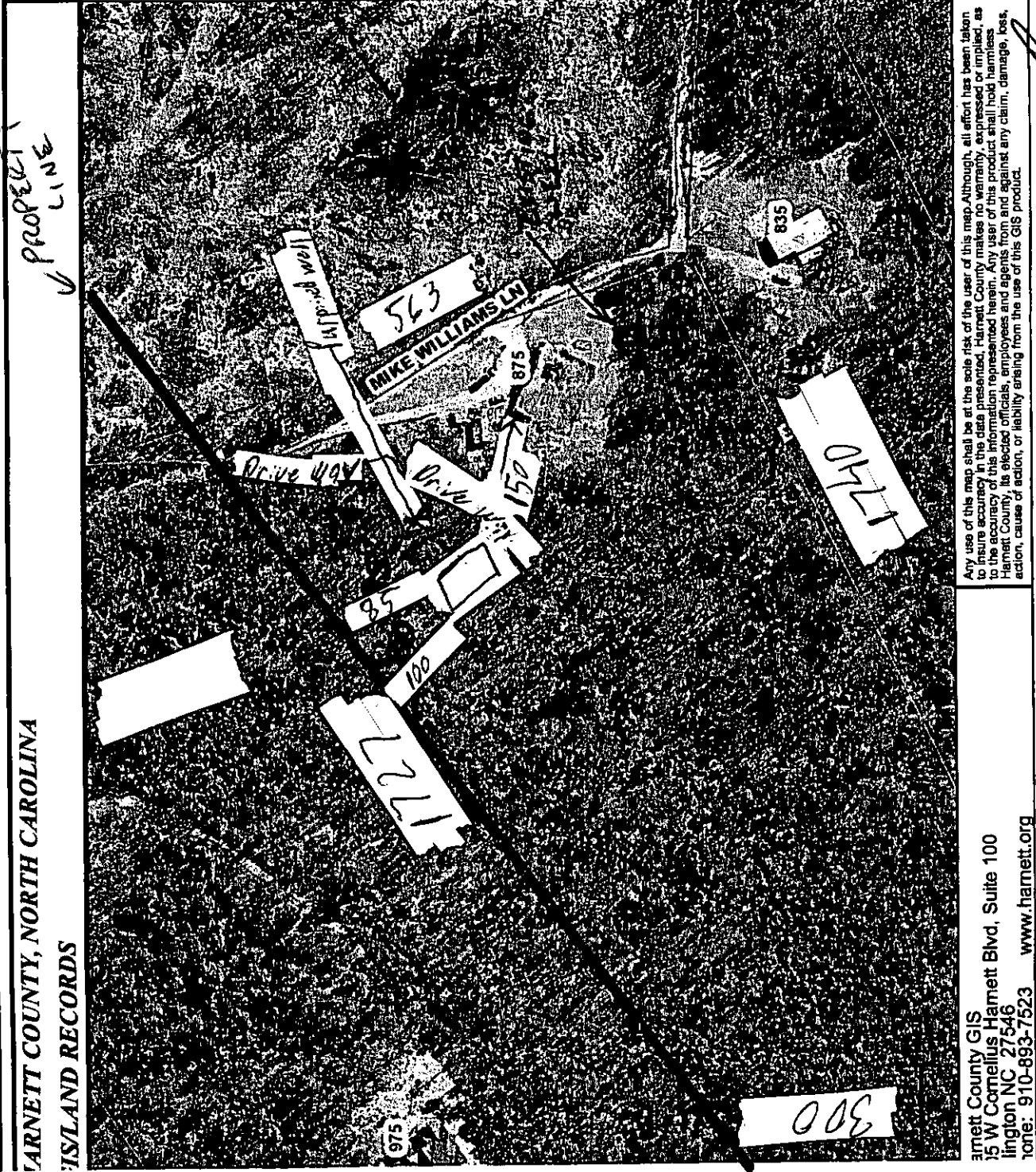
**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

\*Not to scale 15 Area

**SITE PLAN APPROVAL**  
 DISTRICT RA 20  
 #BEDROOMS 4  
 Date 3-11-15

AddressPoints  
 Road Centerlines  
 MajorRoads  
 Rivers  
 Parcels  
 County\_Boundary  
 CityLimits  
 Harnett\_2013.sid  
 Red: Band\_1  
 Green: Band\_2  
 Blue: Band\_3

US  
 Harnett  
 Zoning Administrator



Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

Harnett County GIS  
 15 W Cornelius Harnett Blvd, Suite 100  
 Lenoir NC 27546  
 Phone: 910-893-7523 www.harnett.org

*[Signature]*  
 Zoning Administrator

*[Signature]*  
 3-10-15

HARNETT COUNTY, NORTH CAROLINA  
 ISLAND RECORDS

HARNETT COUNTY, NORTH CAROLINA  
ISLAND RECORDS

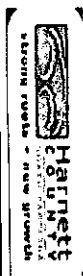


Harnett County GIS  
15 W Cornelius Hammett Blvd, Suite 100  
Wilmington NC 27546  
Phone: 910-893-7523 www.harnett.org

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- AddressPoints
- Road Centerlines
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- County\_Boundary
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  - Green: Band\_2
  - Blue: Band\_3



NAME: JAMES E STAHL

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**  
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System Code 800**

- **All property lines must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections Code 800**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s); can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain \_\_\_\_\_  
 YES     NO    Are there any existing wells, springs, waterlines or Waste water Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any Easements or Right of Ways on this property? SLIGHT  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?  
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



3-10-15

DATE

\$ 250

# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

JAMES E STAHL II (910) 984-6878  
Applicant/Owner Phone Number  
875 MICK WILLIAMS LN. BUNNLELL, NC 28523  
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

### PROPERTY INFORMATION

Proposed use of well  
Single-Family  Multifamily  Church  Restaurant  Business  Irrigation

Street Address \_\_\_\_\_ Subdivision/Lot # \_\_\_\_\_  
Parcel # 01 05 45 0073 01 PIN # 05 36 - 88 7198 00

### Directions to the Site

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Property Owner's or Owner's Legal Representative Signature Required

Date

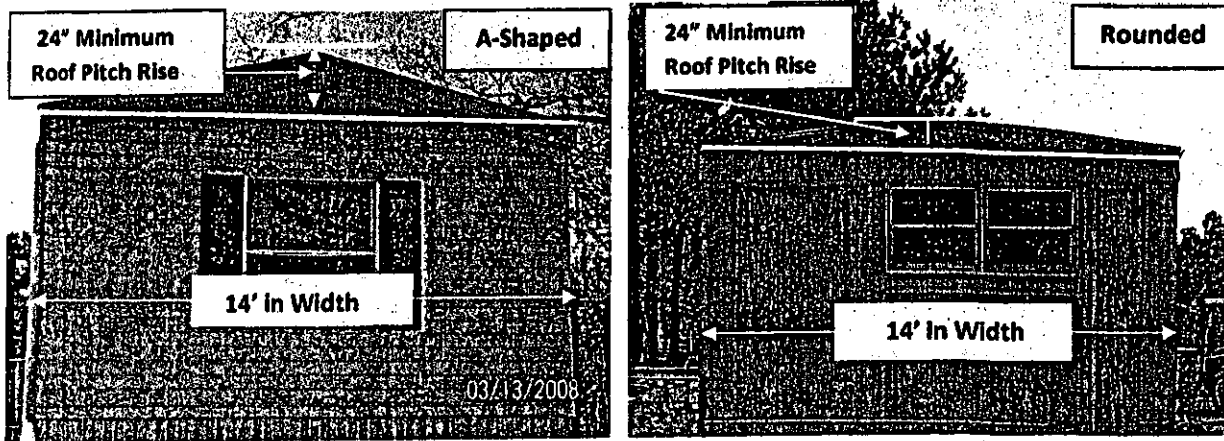
3-10-15

### PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

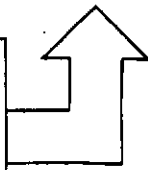
#### RA-20R & RA- 20M Certification Criteria

I, JAMES E STAHL understand that because I'm located in a RA-20R or RA-20M Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)

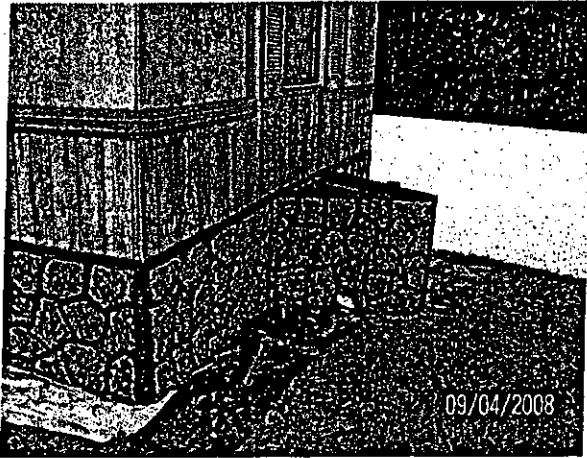


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



Continued.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1<sup>st</sup> 1976.

  
\_\_\_\_\_  
Signature of Property Owner / Agent

\_\_\_\_\_  
Date

- By signing this form the owner / agent is stating that they have read and understand the information on this form.



To whom it may concern,

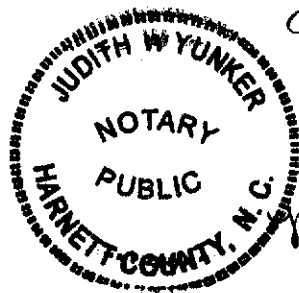
This is in reference to property located in Harnett County in the Anderson Creek area. The land is parcel number 010545 0073 01 and pin 0536-88-7198.000 and described as 15.02 acres. I am the deeded owner of said property and give the following permission:

That James Edwin Stahl II may place a <sup>DOUBLE</sup> triple wide manufactured home on said property and this incurring no cost between the two of us for this permission. Further that James Edwin Stahl II may make whatever improvements to the land such as septic, well and clearing land to place such house.

If there are questions in regards to this permission please contact me at (910) 308-6854 or 428 Hilliard Rd., Fuquay Varina, NC 27526.

Michael E. Williams Jr.

*Michael E. Williams Jr. 3-9-2015*



*Judith W Yunker  
Judith W Yunker*

*My commission expires 4-20-16.*

**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: Jimmy ~~STAH~~ STAHL Address: 875 Mike Williams LaneCity: Bunn level State: NC Zip: \_\_\_\_\_ Daytime Phone: 919 984 6878

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, &amp; phone must match information on license)

A. **Set-Up Contractor** Company Name: A Plus ConstructionPhone: 910 690 9222 Address: 5369 US HWY 1 NCity: VASS State: NC Zip: 28394State Lic# 45570 Email: a plus construction 5369@yahoo.comB. **Electrical Contractor** Company Name: Hot Shot ElectricPhone: 919-353-1121 Address: 529 Brinn DrCity: SANFORD State: NC Zip: 27330State Lic# 17702-L Email: \_\_\_\_\_C. **Mechanical Contractor** Company Name: CAROLINA AIRPhone: 910 947 7707 Address: 3700 HWY 15/501City: CARHAGE State: NC Zip: 28327State Lic# 23549 Email: gary@CAROLINA AIR.COMD. **Plumbing Contractor** Company Name: McDonaki PlumbingPhone: 919-770-0773 Address: 5321 SWANN'S STATION ROADCity: SANFORD State: NC Zip: 27332State Lic# 11824 Email: \_\_\_\_\_**Part III – Manufactured Home Information**Model Year: 2015 Size: 32 X 76 **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.

Adrian W. Davis  
Signature of Home Owner or Agent

4-22-15  
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.

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

-----

Application Number . . . . . 15-50035661 Date 4/22/15  
Property Address . . . . . MCLEAN CHAPEL RD  
PARCEL NUMBER . . . . . 01-0545- - -0073- - -  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . . CLAIRE WILLIAMS ESTATE  
Property Zoning . . . . . PENDING

Owner Contractor  
-----  
WILLIAMS MISTI EILEEN A PLUS CONSTRUCTION  
RT 1 BOX 242D 5369 US HWY 1  
BUNNLEVEL NC 28323 VASS NC 28394  
(910) 690-9222

Applicant  
-----  
STACH JAMES EDWIN #5

--- Structure Information 000 000 31X76 4BDR DWMH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 4.00  
MOBILE HOME YEAR 2015.00  
PROPOSED USE DWMH  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY NEW WELL

-----  
Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . .  
Phone Access Code . 1083526  
Issue Date . . . . . 4/22/15 Valuation . . . . . 0  
Expiration Date . . 4/21/16

-----  
Permit . . . . . LAND USE PERMIT  
Additional desc . . .  
Phone Access Code . 1083518  
Issue Date . . . . . 4/22/15 Valuation . . . . . 0  
Expiration Date . . 10/19/15

-----  
Special Notes and Comments  
T/S: 03/11/2015 09:38 AM VBROWN ----  
ON THE SAME PARCEL AS 875 MIKE WILLIAMS  
LANE, PURPOSED DWMH IS ON SAME PARCEL  
AS 875 MIKE WILLIAMS LANE OFF OF NC  
210S

-----  
\_\_\_\_\_  
\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525\* Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

	Page 2
	Date 4/22/15
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Property Address . . . . .	MCLEAN CHAPEL RD
PARCEL NUMBER . . . . .	01-0545- - -0073- - -
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name . . . . .	CLAIRE WILLIAMS ESTATE
Property Zoning . . . . .	PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
-----					
Permit type . . . . .	MANUFACTURED HOME PERMIT				
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___

FACTORY EXPO HOME CENTER.

NC DOI Lic #36358

115 Titan Roberts Rd., PO Box 1829 • Lillington, NC 27546 • 1-800-504-3238

BUYER 1 James E. Stahl 2		BUYER 2 Julie P. Stahl		DATE March 13, 2015		1	
MAILING ADDRESS 875 Mike Williams Lane		CITY Bunn level	STATE NC	ZIP 28323	PHONE 910-984-8878		
DELIVERY ADDRESS 875 Mike Williams Lane		CITY Bunn level	STATE NC	ZIP 28323	CELL 910-284-6900		
DELIVERY COUNTY Harnett		WIND ZONE Wind Zone 1		THERMAL ZONE Therm Zone 2			
SALESPERSON Jason Akridge		THIS CONTRACT REVISED FROM February 12, 2015		EMAIL ADDRESS julie07@centurylink.net			
MAKE & MODEL Bethel by Champion		YEAR 2015	BEDROOMS 4	BATHS 2	DEN 1		
SERIAL NUMBER 023-000-H-A002018A		FLOOR SIZE 32x76	KITCH SIZE 32x80	APPROX. SQ. FT. 2305			
<p><b>NOTICE OF FINAL PAYMENT &amp; CHANGE ORDERS</b></p> <p>Unpaid balance due in: <b>See Below</b></p> <p>I/We understand that unless otherwise noted above the final balance is due prior to completion. If not paid 7 days prior to completion, balance must be paid in certified funds. Changes may only be made via signed change order request, and may incur extra charges. X <u>JS</u> X <u>JPS</u> X</p>		<p><b>Retail Price</b> \$ 98,391.00</p> <p><b>Factory Direct Discount</b> \$ (19,152.00)</p> <p><b>Factory Direct Price Subtotal 1</b> \$ 79,239.00</p> <p><b>Addendum "A" Upgrades</b> \$ 26,370.00</p>					
<p><b>NOTICE OF COMPLETION</b></p> <p>I/We understand that the approximate completion month for my home is: <b>March</b></p> <p>I/We understand that in the event I/We are unable to accept delivery of the home to my property within 12 days after home is completed at the factory there will be a \$20 per day storage charge that must be paid prior to shipment. In the event there is an extended period of storage time needed I/We authorize Factory Expo Home Center Corp to re-locate the home to an off-site storage facility. I/We understand that we must insure the home and are responsible for any damage incurred as a result of extended storage. X <u>JS</u> X <u>JPS</u> X</p>		<p><b>Misc #3: Sale price secured</b> \$ (4,276.00)</p> <p><b>Document Preparation</b> \$ 395.00</p> <p><b>Freight</b> \$ 1,900.00</p> <p><b>6 Year Extended Service Contract \$1995</b> \$ 1,995.00</p>					
<p><b>NOTICE OF FREIGHT</b></p> <p>I/We understand that unless otherwise stated, the quoted freight price is estimated for the current date and may not reflect fluctuating fuel surcharges, Department of Transportation highway construction re-routing, highway patrol escorts, or unique complicated placements based on terrain of delivery site. X <u>JS</u> X <u>JPS</u> X</p>		<p><b>Sub Total 2</b> \$ 103,628.00</p> <p><b>Sales Tax</b> 947.60</p> <p><b>Sales Tax</b> \$ 2,461.17</p> <p><b>Total</b> \$ 108,178.93</p>					
<p><b>CONSTRUCTION AUTHORIZATION (CHOOSE ONE)</b></p> <p>I/We have secured financing for this transaction and understand that the unpaid balance must be paid prior to delivery from the factory. I/We authorize Factory Expo Home Center to place my/our home into the construction process. X <u>JS</u> X <u>JPS</u> X</p>		<p><b>Onsite Allowance</b> \$ 26,092.00</p> <p><b>Down Payment</b> \$ -14,100.00</p> <p><b>Additional Payment as Agreed</b> \$</p> <p><b>Unpaid Balance</b> \$ 120,170.93</p>					
<p><b>NOTATIONS &amp; REMARKS</b></p> <p>ADDENDUMS MAY BE ATTACHED AND MADE PART OF THIS PURCHASE CONTRACT.</p> <p>*NO VERBAL PROMISES. Buyer agrees that the unpaid balance due must be paid in full on or before <u>15</u> 2015. X <u>JS</u> X <u>JPS</u> X</p> <p>Please read the Down Payment disclosure carefully, terms shall apply after passage of 3 day right.</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 CANCELLTION 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 AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.</p> <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 CONTAINED IN THIS CONTRACT.</p>							

BY Jason Akridge 3-13-15  
 Jason Akridge Factory Expo Rep

Chamara 3-13-15

SIGNED X [Signature] 3-13-15  
 (Buyer) James E. Stahl 2  
 Date

SIGNED X [Signature] 3-13-15  
 (Buyer) Julie P. Stahl  
 Date