

# Liens NC

noreply@egov.com

Fri 12/4/2015 12:49 PM

## Payment Receipt Confirmation

Your payment was successfully processed.

### Transaction Summary

| Description              | Amount         |
|--------------------------|----------------|
| Liens NC                 | \$25.00        |
| <b>Total Amount Paid</b> | <b>\$25.00</b> |

#### Customer Information

Customer Name: Charles D Smith  
 Local Reference ID: 131565  
 Receipt Date: 12/4/2015  
 Receipt Time: 12:49:29 PM EST

#### Payments Information

Payment Type: Credit Card  
 Credit Card Type: FIAST  
 Credit Card Number: \*\*\*\*18022  
 Order ID: 15327518  
 Billing Name: Charles D Smith

#### Billing Information

Billing Address: PO Box 3625  
 Billing City, State: Sanford, NC  
 ZIP/Postal Code: 27331  
 Country: US

Phone Number: 919-774-1125  
 Fax Number: 919-774-1145

This receipt has been emailed to the address below  
 Email Address: r1034@cia/tonhomes.com

1145872

DATE: 11/18/15

**SALES AGREEMENT**

BUYER(S): MICHAEL WILLIAM BEACH

ADDRESS: 916 CLIFFS CIRCLE NO 304 SPRING LAKE NC 28390

DELIVERY ADDRESS: 990 PINE OAK LANE CAMERON NC 28326

TELEPHONE: ( ) SALES PERSON FULL NAME: Rob Rice

**BASE PRICE:** \$73,735.60  
**State Tax** \$1,751.22  
**Local Tax** \$0.00

**Make:** CMH **Model:** 29BAM24S64AH15  
**Year:** N/A **Length:** N/A **Width:** N/A **Stock#:** RSO  
**Serial No.:** OHCO24871NCAB  New  Used

**1. CASH PRICE** \$75,486.82

**TRADE:** **Make:** N/A **Model:** N/A  
**Year:** N/A **Length:** N/A **Width:** N/A **Title #**  
**Serial No.**  
**Amount owed will be paid by:**  Buyer  Seller  
**Owed to:**

**TITLE FEES** \$40.00  
**FILING FEES** \$82.00

**OPTIONS:**  
**SELLER RESPONSIBILITIES:**  
Home delivered and set up to code.

**2. TOTAL PACKAGE PRICE** \$75,608.82

**BUYER RESPONSIBILITIES:**  
Septic re evaluation  
  
*May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.*

**Trade Allowance** N/A  
**Less Amount Owed** N/A  
**Trade Equity** N/A  
**Cash Down Payment** \$1,250.00

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 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.  
**ESTIMATED RATE OF FINANCING** 9.82% **NUMBER OF YEARS** 21  
**ESTIMATED MONTHLY PAYMENTS** \$727.12

**3. LESS ALL CREDITS** \$1,250.00

**4. REMAINING BALANCE** \$74,358.82

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

| Location | Type of Insulation | Thickness | R-Value |
|----------|--------------------|-----------|---------|
| Floors   | fiberglass         | 7.00      | 22      |
| Exterior | fiberglass         | 3.50      | 11      |
| Ceilings | fiberglass         | 11.09     | 33      |

*This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.*



**SELLER:**  
CMH Homes, Inc. d/b/a -  
*[Signature]*  
CLAYTON HOMES SANFORD, NC  
DBA\_NAME  
1921 KELLER ANDREWS RD  
SANFORD NC 27330

**BUYER:**  
*Michael William Beach*  
*Buy Attorney in fact*  
*Michael William Beach*  
Signature of: MICHAEL WILLIAM BEACH  
  
Signature of:  
  
Signature of:  
  
Signature of:

003704349-00004

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: Dorothy & Michael Beach Address: 988 Pine Oak Lane  
City: Cameryn State: NC Zip: 28526 Daytime Phone: 919 353-5194

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: Christian Mobile Home Movers  
Phone: 919-770-9660 Address: 344 Golden Hill Lane  
City: Sanford State: NC Zip: 27330  
State Lic# 2367 Email: \_\_\_\_\_
- B. **Electrical Contractor** Company Name: Service Solutions  
Phone: 910-635-9363 Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# 20934 Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: Swaim Elec  
Phone: 336-685-9722 Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# 13074-H-3 Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: Polarity Plumbing  
Phone: 919-422-4935 Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# 18550-P-1 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: \_\_\_\_\_ Size: 24X56 **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.

Charles D. Smith  
Signature of Home Owner or Agent

12-4-15  
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 . . . . . 15-50036961 Date 12/04/15  
Property Address . . . . . 990 PINE OAK LN  
PARCEL NUMBER . . . . . 09-9573- - -0055- - -  
Tenant nbr, name . . . . . \*\*NO CO UNTIL OPERATION\*\*  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20R

|  |  |
|--|--|
| Owner  | Contractor   |
| -----  | -----  |
| BEACH DOROTHY & MICHAEL<br>988 PINE OAK LANE<br>CAMERON NC 28326 | STATE MOBILE HOME MOVERS<br>1085 A AQUILLA RD<br>BENSON NC 27504<br>(910) 894-8038 |

Applicant  
-----  
CLAYTON HOMES  
1921 KELLER ANDREWS RD  
SANFORD NC 27331  
(919) 774-1125

--- Structure Information 000 000 24X56 DOUBLEWIDE 3BDS  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 2015.00  
PROPOSED USE DOUBLEWIDE  
SEPTIC - EXISTING? NEW  
WATER SUPPLY COUNTY

Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1119544  
Issue Date . . . . . 12/04/15 Valuation . . . . . 0  
Expiration Date . . . . . 12/03/16

Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1119551  
Issue Date . . . . . 12/04/15 Valuation . . . . . 0  
Expiration Date . . . . . 6/01/16

Special Notes and Comments  
T/S: 08/25/2015 01:15 PM KGOINS ----  
27 WEST TO JOHNSONVILLE T/L TO MARKS RD  
T/R GO TO 2ND ENTRANCE TO PINE OAK LANE  
LOT ON LEFT

\_\_\_\_\_  
\_\_\_\_\_

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Page 2  
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 Tenant nbr, name . . . . . \*\*NO CO UNTIL OPERATION\*\*  
 Application description . . . CP MANUFACTURED HOME RA20R/RA20M CRITERI  
 Subdivision Name . . . . .  
 Property Zoning . . . . . RES/AGRI DIST - RA-20R

Required Inspections

| Seq  | Phone Insp# | Insp Code | Description                   | Initials | Date        |
|--|-------------|-----------|-------------------------------|----------|-------------|
| Permit type . . . . . MANUFACTURED HOME PERMIT |             |           |                               |          |             |
| 10   | 501         | T501      | R*MOBILE HOME FOUND./ M. WALL | _____    | ___/___/___ |
| 10   | 307         | P307      | R*PLUMB WATER CONNECTION      | _____    | ___/___/___ |
| 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           | _____    | ___/___/___ |
| Permit type . . . . . LAND USE PERMIT          |             |           |                               |          |             |
| 999  | 818         | Z818      | PZ*ZONING INSPECTION          | _____    | ___/___/___ |
| 999  | 820         | Z820      | PZ*ZONING/FINAL INSPECTION    | _____    | ___/___/___ |

 North Carolina Plumbing and Heating Board North Carolina State Board of Examiners of Plumbing, Heating and Fire Sprinkler Contractors

**Lookup Detail View**

**Contact**

| Name          | Individual Qualification (s) | Firm Qualification (s)    | Business Address   | Phone          | Fax            |
|---------------|------------------------------|---------------------------|--|----------------|----------------|
| Terry A Swaim | Heating Group 3 - Class I    | Heating Group 3 - Class I | Swaim Electric Heat & Air, Inc.<br>3702 New Salem Rd<br>Climax, NC 27233 | (336) 685-9722 | (336) 685-9707 |

**Registration Information**

| License Number | License Expires On |
|----------------|--------------------|
| 13074          | 12/31/2015         |

**Sublicensees**

| Sublicensees      | Endorsements              |
|-------------------|---------------------------|
| Swaim, Danny Lynn | Heating Group 3 - Class I |

**Continuing Education**

| Course Number | Course Name                                      | CE Hours | Course Date | Credit Year |
|---------------|--|----------|-------------|-------------|
| 04-401-114    | OSHA - CONSTRUCTION AND MAINTENANCE EQUIPMENT    | 2.00     | 11/04/2011  | 2012        |
| 04-602-111    | NC FUEL GAS CODE - CHAPTER 3                     | 2.00     | 11/04/2011  | 2012        |
| 04-400-114    | OSHA EDUCATION, DOCUMENTATION & HAZ COM PROGRAMS | 2.00     | 11/04/2011  | 2012        |

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