

Initial Application Date: 3.7.14 Application # 1650038168

MW Replacement

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: Audrey Sue Underwood Mailing Address: 136 Quail Acres Lane  
City: Broadway State: NC Zip: 27505 Contact No: 919-935-6099 Email: Lilbunni20@yahoo.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Quail Acres Lot #: 1 Lot Size: 2.95AC

State Road # \_\_\_\_\_ State Road Name: Lee County Line Rd Map Book & Page: D, 117A

Parcel: 9080-29-7960 PIN: 43-9080-0108-01

Zoning: RA20P Flood Zone: X Watershed: NA Deed Book & Page: 2014013 Power Company\*: Duke

\*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: \_\_\_\_\_ 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 28x80) # Bedrooms: 4 Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)

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

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: 1 Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>35</u>	<u>139.2</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>46.8</u>
Sidestreet/corner lot	<u>20</u>	
Nearest Building on same lot	<u>10</u>	

Comments: proposed  
1 being removed

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

20180121  
421 N - take left on  
Lee County line Rd - Right on Quail Acres  
Ln - Dirt drive - last home on the right.

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.

Audrey Lee Underwood  
Signature of Owner or Owner's Agent

3-7-16  
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\*\*

# Harnett County GIS

NOT FOR LEGAL USE

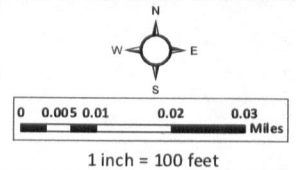


GIS/E-911 Addressing

March 7, 2016

### LEGEND

- USA Property
- Harnett County Major Roads
- LOMRs
- Cross-Sections
- City Limits
- Harnett County Roads
- Effective
- Base Flood Elevations
- Address Numbers
- Tax Parcel
- FIRM Panels



Singlewide being replaced w/ a doublewide going in same spot.

### SITE PLAN APPROVAL

DISTRICT RA-20R USE SFD

#BEDROOMS 4

3-7-16 Date  
LS Zoning Administrator

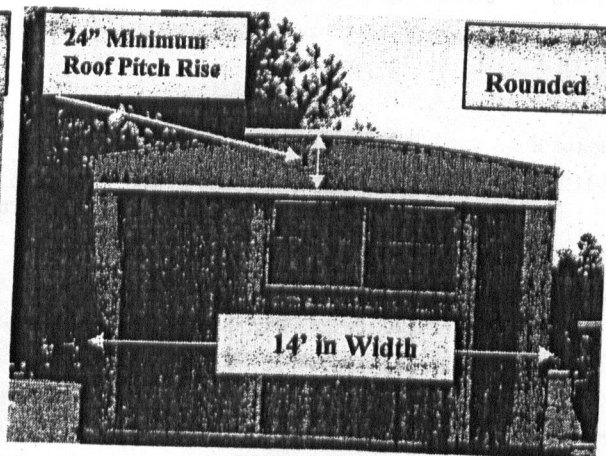
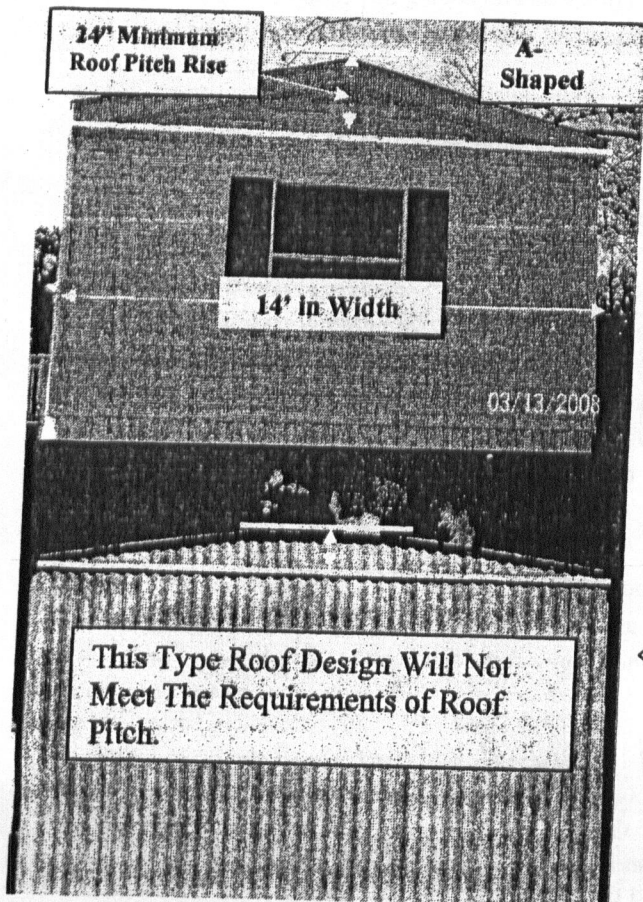
*X Audrey Sue Underwood*

# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

## Replacement & Removal Criteria

I, Audrey Sue Underwood, do hereby certify the following:  
(Print Name)

1. That I own a tract of land located on ~~SR~~ Well City Unkd in an RA-30 / RA-40 of RA-20R / RA-20M district which has a functional septic tank;
2. That the existing single / double-wide manufactured home is to be removed or was removed on 2/16/03 (date) next
3. That I am replacing an existing single / double wide manufactured home with a single / double wide manufactured home, and;
4. That the replacement of this manufactured home creates 1 residence(s) on this single tract of land, and;
5. That there will be 1 manufactured home(s) on this single tract of land and I do/do not own property within 500 feet of this tract that contains a manufactured home.
6. 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. (14' Wide Home = 24" Roof Rise)

7. The home must be underpinned, the underpinning must be designed for manufactured homes & installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked -on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
8. The homes moving apparatus removed, underpinned or landscaped.
9. Select One of the Following Options Below:
  - a. The current manufactured home will be removed prior to the Zoning Inspection.
  - b. The current manufactured home is scheduled to be removed through Project AMPI
  - c. The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. **(Additional Fees & Requirements Shall Apply)**

**\*(Additional Information for Option C) Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.**

*Please initial next to each item to indicate that you understand and have or will comply as necessary.*

- 1) A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property.
- 2) A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted.
- 3) Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance.
- 4) **Property owner/agent** acknowledges that due to the fact that a second zoning inspection is required, in order to facilitate this request, a re-inspection fee in the amount of fifty (\$50.00) dollars shall be paid during the permitting process.
- 5) Once the home has met all other zoning requirements, a temporary approval shall be granted in order to proceed with obtaining a certificate of occupancy. From the date the certificate of occupancy is issued, the property owner shall have five (5) business days to remove the pre-existing manufactured home.
- 6) **Property owner/agent** acknowledges that if the pre-existing manufactured home is not removed by the specified time of five (5) business days that he / or she shall be in direct violation of the Harnett County Zoning Ordinance. And by creating a violation of the Harnett County Zoning Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within *Article XV, (Administration, Enforcement, and Penalties)* of the Harnett County Zoning Ordinance. Each day the violation continues is a separate offence and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days.
- 7) **Property owner/agent** acknowledges and affirms that the guidelines, procedures, and requirements associated with the replacement of a manufactured home and the penalties for creating a violation of the Harnett County Zoning Ordinance have been explained and accepts this document as an initial notice of violation.

Audrey Lee Underwood      3-7-16  
 Signature of Property Owner      Date

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

NAME: \_\_\_\_\_

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 irons 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 Wastewater 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?  
 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)**

3-7-16  
**DATE**

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.

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Application Number . . . . . 16-50038168 Date 5/27/16  
Property Address . . . . . 136 QUAIL ACRES LN  
PARCEL NUMBER . . . . . 13-9680- - -0108- -01-  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner

-----

UNDERWOOD AUDREY SUE  
136 QUAIL ACRES LANE  
BROADWAY NC 27505

Contractor

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RAVEN ROCK MOBILE HOME MOVER  
3335 NC 87 HWY.  
SANFORD NC 27332  
(919) 775-3600

Applicant

-----

UNDERWOOD AUDREY  
136 QUAIL ACRES LANE  
BROADWAY NC 27505  
(919) 935-6099

--- Structure Information 000 000 28X80 DWMH 4BDR  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 4.00  
MOBILE HOME YEAR 1998.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? EXIST  
WATER SUPPLY WELL

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Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . .  
Phone Access Code . 1142249  
Issue Date . . . . . 5/27/16 Valuation . . . . . 0  
Expiration Date . . . 5/27/17

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Permit . . . . . LAND USE PERMIT  
Additional desc . . .  
Phone Access Code . 1142223  
Issue Date . . . . . 5/27/16 Valuation . . . . . 0  
Expiration Date . . . 11/23/16

Special Notes and Comments

T/S: 03/07/2016 01:45 PM LBENNETT --  
136 QUAIL ACRES LANE  
421 N TOWARDS SANFORD - TAKE A LEFT ON  
LEE COUNTY LINE RD - RIGHT ON QUAIL  
ACRES LN - DIRT DRIVE LAST RESIDENCE ON  
THE RIGHT

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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  
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 Application description . . . . . CP MANUFACTURED HOME RA20R/RA20M CRITERI  
 Subdivision Name . . . . .  
 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	_____	__/__/__



HT# Jennitev

Application # 16-50058168

**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: Andy Underwood Address: 136 Quail Acres Ln  
City: Broadway State: NC Zip: 27505 Daytime Phone: 919-935-6089

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

Name: Same 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: Raven Rock MTH Movers  
Phone: 919-715-3600 Address: 3335 NC Hwy 87 S  
City: Saraford State: NC Zip: 27332  
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Andy Underwood  
Phone: 919-935-6089 Address: 136 Quail Acres Ln  
City: Broadway State: NC Zip: 27505  
State Lic# Self Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop  
Phone: 919-409-1757 Address: 3489 Edwards Rd  
City: Saraford State: NC Zip: 27332  
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Raven Rock MTH Movers  
Phone: 919-715-3600 Address: 3335 NC Hwy 87 S  
City: Saraford State: NC Zip: 27332  
State Lic# 3400 Email: N/A

**Part III - Manufactured Home Information**

Model Year: 098 Size: 28 x 76 **Complete & follow zoning criteria sheet**

Park Name: Private property 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.

[Signature]  
Signature of Home Owner or Agent

5/25/16  
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.

**DBA COUNTRY FAIR HOMES**

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

BUYER(S) Andy Underwood PHONE 919-935-6089 DATE 5/26/16  
 ADDRESS 136 Quail Acres Ln Broadway SALES PERSON ET Womack  
 DELIVERY ADDRESS 136 Quail Acres Ln Broadway NC  
 MAKE & MODEL Used YEAR 1998 BEDROOMS 3 FLOOR SIZE 76 sq HITCH SIZE \_\_\_\_\_ STOCK NUMBER \_\_\_\_\_  
 SERIAL NUMBER \_\_\_\_\_ COLOR \_\_\_\_\_ PROPOSED DELIVERY DATE \_\_\_\_\_ KEY NUMBERS \_\_\_\_\_

NEW  USED

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 16CFR SECTION 460.16.

BASE PRICE OF UNIT	
\$ 39,000.00	
OPTIONAL EQUIPMENT	
SUB-TOTAL	\$
SALES TAX	600.00

**OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES**

Just delivery + set up and plumbing

Sold AS IS

25

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
<b>CASH PURCHASE PRICE</b>	\$ 30,600.00
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$ 10,000.00
CASH AS AGREED	\$
<b>LESS TOTAL CREDITS</b>	\$ 20,000.00
<b>SUB-TOTAL</b>	\$
SALES TAX (If Not Included Above)	

**Unpaid Balance of Cash Sale Price** \$ 20,600.00

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement 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 AGREEMENT.

BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

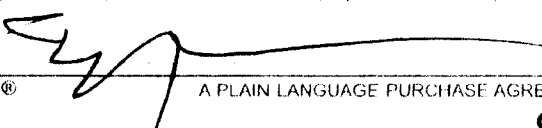
I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE 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.

**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
AMOUNT 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**

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

Approved By 

DEALER SIGNED X SOCIAL SECURITY NO. \_\_\_\_\_ BUYER

BUYER SIGNED X SOCIAL SECURITY NO. \_\_\_\_\_ BUYER