

**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: Willie James Merchant Address: 125 Florence Dr

City: Cameron State: NC Zip: 28326 Daytime Phone: (910) 410-7006

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: Raven Rock MH Movers

Phone: 919-775-3000 Address: 3335 NC Hwy 87S

City: Sanford State: NC Zip: 27332

State Lic# 3400 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: Tin Shop

Phone: 919-708-8340 Address: 3489 Edwards Rd

City: Sanford State: NC Zip: 27332

State Lic# 22513 Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

**Part III – Manufactured Home Information**

Model Year: 1996 Size: 38 X 40 **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.

Willie James Merchant  
Signature of Home Owner or Agent

6-9-17  
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) Willie J Merchant PHONE 910-587-6957 DATE 3-20-17  
 ADDRESS 125 Florence Dr. Cameron, NC 28326 SALESPERSON Chris  
 DELIVERY ADDRESS Florence Dr. Cameron, NC 28326  
 MAKE & MODEL Imperial YEAR 1996 BEDROOMS 3 FLOOR SIZE L 40 W 28 HITCH SIZE L 44 W 28 STOCK NUMBER  
 SERIAL NUMBER S-EH-NC-07-96-04514AD  NEW  USED COLOR PROPOSED DELIVERY DATE 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 16CFR SECTION 460.16.

**OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES**

Del & Set to County Codes  
Inc's AC  
Sold AS IS  
where IS

(Tires & Axles to be Returned to Dealer)

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

BASE PRICE OF UNIT	\$
<u>25,000.00</u>	
OPTIONAL EQUIPMENT	
SUB-TOTAL	<u>\$25,000.00</u>

SALES TAX NA

CASH PURCHASE PRICE	\$
<u>25,000.00</u>	
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	<u>\$ 5,000.00</u>
CASH AS AGREED	\$
LESS TOTAL CREDITS	\$
SUB-TOTAL	<u>\$20,000.00</u>

SALES TAX (If Not Included Above)

Unpaid Balance of Cash Sale Price \$20,000.00

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 10 %  
 NUMBER OF YEARS 5  
 ESTIMATED MONTHLY PAYMENTS \$ 420.00

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 <input type="checkbox"/> DEALER <input checked="" type="checkbox"/> BUYER		

E. J. WOMACK ENTERPRISES INC.  
 DBA COUNTRY FAIR HOMES

Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By Chris Rock

SIGNED X Willie J. Merchant BUYER  
 SOCIAL SECURITY NO. 0517-42 2006  
 SIGNED X \_\_\_\_\_ BU  
 SOCIAL SECURITY NO. \_\_\_\_\_



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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Date 6/09/17

Application Number . . . . . 17-50041345  
Property Address . . . . . 94585 \*UNASSIGNED  
PARCEL NUMBER . . . . . 09-9575- - -0148- -51-  
Application description . . . CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20M

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	814	A814	ADDRESS CONFIRMATION	_____	__/__/__
20	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
30	507	T507	R*MANUFACTURED HOME FINAL	_____	__/__/__
999		H824	ENVIR. OPERATIONS PERMIT	_____	__/__/__
999		H828	ENVIRO. WELL PERMIT	_____	__/__/__
999	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__