

1238225

**SALES AGREEMENT**

DATE: 5/19/2017  
 BUYER(S): Cadwallader Mcdougald

ADDRESS: 816 SANDERFED RD BUNNLEVEL NC 28323

DELIVERY ADDRESS: 816 SANDERFER RD BUNNLEVEL NC 28323

TELEPHONE: \_\_\_\_\_ SALES PERSON FULL NAME: Catherine Long

BASE PRICE: \$71,448.90  
 State Tax: \$1,696.92  
 Local Tax: \$0.00

1. CASH PRICE \$73,145.82

TITLE FEES \$52.00

2. TOTAL PACKAGE PRICE \$73,197.82

Trade Allowance N/A  
 Less Amount Owed N/A  
 Trade Equity N/A  
 Cash Down Payment \$15,000.00

3. LESS ALL CREDITS \$15,000.00

4. REMAINING BALANCE \$58,197.82

Make: CMH TRU 921 HA Model: 21TRU28564AH17  
 Year: 2017 Length: 54 Width: 28 Stock#: HA9488  
 Serial No.: CLH039488TNAB New  Used

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: \_\_\_\_\_

OPTIONS: 14 seer heat pump installed, wire panel box to home, 2 sets of wood steps installed, plumb water line up to 50ft, plumb sewer up to 20ft, white vinyl skirting installed.

SELLER RESPONSIBILITIES: Delivery and set up to county code, trim out of home, contractors permits. Note: Bank and attorney closing cost added to remaining balance.

BUYER RESPONSIBILITIES: Health and Zoning permits.

*May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.*

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 10.01% NUMBER OF YEARS 23 ESTIMATED MONTHLY PAYMENTS \$561.82

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	R22
Exterior	Fiberglass	3.50	R11
Ceilings	Blown Cellulose	8.00	R30

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

SELLER:	BUYER:
	DocuSigned by: <u>Cadwallader Mcdougald</u> EA63F3813AC34CD... 5/19/2017
5/22/2017	Signature of: Cadwallader Mcdougald
CMH Homes, Inc. d/b/a - DocuSigned by: <u>CHARLIE PAGE</u> FB751A15648B4F4	
CLAYTON HOMES DUNN, NC 2001 W CUMBERLAND ST DUNN NC 28334	Signature of:
	Signature of:
	Signature of:



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: Cadwallader McDougald Address: 816 Sanderfer Road  
City: Bunnlevel State: NC Zip: 28323 Daytime Phone: ( 910 ) 973-9012

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)

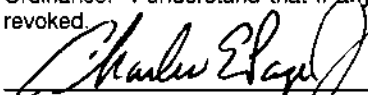
- A. **Set-Up Contractor** Company Name: State MH Movers  
Phone: 919-422-8623 Address: 1085 - A Aquilla Road  
City: Benson State: NC Zip: 27504  
State Lic# 2859 Email: \_\_\_\_\_
- B. **Electrical Contractor** Company Name: Mabry Electric Service Inc.  
Phone: 919-639-4887 Address: 731 Mabry Road  
City: Angier State: NC Zip: 27501  
State Lic# 15072 Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: Spell Mechanical  
Phone: 910-625-5976 Address: P.O. Box 98  
City: Autryville State: NC Zip: 28318  
State Lic# 10574 Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: Priority Plumbing  
Phone: 919-639-7208 Address: P.O. Box 254  
City: Willow Springs State: NC Zip: 27592  
State Lic# 18550 P.1 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 2007 Size: 28 X 56 **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.

  
\_\_\_\_\_  
Signature of Home Owner or Agent

5/30/17  
\_\_\_\_\_  
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.*

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 . . . . . 17-50041393 Date 5/30/17  
Property Address . . . . . SANDERFER RD  
PARCEL NUMBER . . . . . 12-0556- - -0205- -04-  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner Contractor  
-----  
MCDUGALD MALCOLM JR STATE MOBILE HOME MOVERS  
207 EAST H ST 1085 A AQUILLA RD  
ERWIN NC 28339 BENSON NC 27504  
(910) 985-3008 (910) 894-8038

Applicant  
-----  
MCDUGALD CADWALLADER  
PO BOX 85  
BUNNLEVEL NC 28323  
(910) 973-9012

--- Structure Information 000 000 28X56 3 BR FUTURE 10X10 DECK/PORCH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 2017.00  
PROPOSED USE DWMH  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY COUNTY

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Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1193770  
Issue Date . . . . . 5/30/17 Valuation . . . . . 0  
Expiration Date . . . . . 5/30/18

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1193762  
Issue Date . . . . . 5/30/17 Valuation . . . . . 0  
Expiration Date . . . . . 11/26/17

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Special Notes and Comments  
T/S: 05/17/2017 09:40 AM DJOHNSON --  
816 SANDERFER RD  
TAKE RIGHT ON BYRD RD OFF OF 401 S.  
THEN RIGHT ONTO MCNEILL HOBBS RD THE  
SLIGHT LEFT ONTO SANDERFER RD. THEN .83  
MILES AND 816 IS ON THE RIGHT.  
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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	_____	__/__/__
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	_____	__/__/__