FACTORY EXPO HOME CENTERS

NC DOI Lic #36358

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

DINES:								<u>:</u>
BUYER 1	James Parrish	BUYER 2		DATE	Jun	e 28, 201	17	
MAILING ADDRESS	1004 Colon Rd	CITY Sanford	Sanford STATE NC		27330 PHONE 919.352.5066		.352.5066	
DELIVERY ADDRESS	1045 Boyd Brafford Drive	Sanford	STATE NC	27332	CELL			
DELIVERY CQUINTY	Harnett	WIND ZONE W	Vind Zone 1 ZONE				ne 2	
SALESPER	LESPERSON O THIS CONTRACT O REVISED FROM		May 13 2017 EMAIL		IE Z			
MAKE &	Wake Forest by Champic	on THS-6616-01	YEAR 2018	ADDR BEDR	DOMS 2	BATHS	2 01	EN
ERIAL	023-000-H-A003780A	NEW OUSED	FLOOR SIZE 16x			-70 APP	ROX.	4004
IJMBER	NOTICE OF CONSTRUCTION & FIN			del:	Size 10	c70 SQ.	FT.	1001 43,627.00
Buyer intends to finance this purchase and through buyer's lender will provide a loan approval letter to Factory Expo Home Centers. Buyer authorizes Factory Expo Home Centers to place home into the construction process, buyer			Factory Direct Di	 		\$	(8,492.00	
				Sub Total 1		\$	35,135.00	
	erstands that all down payments will be hand closure and Noticed of Cancellation. Buyer a		Addendum "A" U		s			1,691.00
unde	erstands that that payment must be made b		May Na	Factory Direc	actory Direct Sale		(1,729.00	
	PROPERTY OF COMPLETION	ON CONTRACTOR		ſ	0	.0%	 	0.00
	Buyer understand that the approximate comple		-	<u> </u>	 	0%	 	0.00
August			Freight					900.00
	r understands that in the event delivery of the		Home Preparation	Fee	-		\$	395.00
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						able Total	<u> </u>	36,392.00
there	is an extended period of storage time needed i	buyer authorizes Factory	North Carolina Sale	s Tax	1.75% OF HALF	CONTRACT	\$	864.31
Expo Home Centers to re-locate the home to an off-site storage facility. Buyer must insure the home and is responsible for any demage incurred as a result of						Sub Total 2		37,256.31
exten	ded storage X X		Wisc (non-taxable	1			\$	
1	NOTICE OF FREIGHT							
	understands that unless otherwise stated, the					Total		37,256.31
estimated for the current date and may not reflect fluctuating fuel surcharges. Department of Transportation highway construction re-routing, highway patrol agreements or unique complicated placements based on terrain of delivery site.			Down Payment			(-)	\$	(7,452.00)
			Additional Paymer	it as A		(-) I-Balance	\$	29,804.31
	The same of the sa	NOTATIONS & RE	MARKS		Onpaja W · · · · · · · · · · · · · · · · · · ·	-Varanca	Ψ , «.	29,004.31
O VERB	SAL PROMISES. Changes may only be	made via signed change orde		cur ext	of gharges (/s	158 x		
	erstands that if not paid 7 business days pric							
ıyer agn	ees that the unpaid balance due will be o	ald in full on or before:	Per Lender Requi	remer	(s) X/2/2	X		
			•	-		•		
	i.							
ase rea	d the Payment Disclosure carefully, terms sl	nall apply after passage of 3 d	ay right.					 ,
S PURC	AND THAT I HAVE THE RIGHT TO CANCEL THI HASE AGREEMENT. I UNDERSTAND THAT TH ND THAT THE DEALER MAY NOT HAVE ANY O	IIS CANCELLTION MUST BE IN	WRITING IF I CANCE	L THE	URCHASE AF	TER THE TH	REE-DA	Y PERIOD, I
ANGE TO	THE TERMS OF THE AGREEMENT BY THE D	EALER WILL CANCEL THIS AG	REEMENT.					
ess othe	erwise stated, if for any reason buyer is not red. If the cost of the home increases between	ready to authorize construction	n of the above home,	the an	ount of this pu	irchase agi	reemen	t is subject to :
	amount will be adjusted to cover the increase		X X	-		-ujoi agic	Jo mai	paronaso
ms Åd	REEMENT ALDING WITH ADDENDUMS CONTA	IN THE ENTIRE UNDERSTAND! TEN, HAS BEEN MADE WHICH	NG BETWEEN DEALER	AND E	UYER AND NO	OTHER RE	PRESE	NTATION OR
ву	W/1/// 1		IGNEEL Dem	m	Dain		10	7-7-,
BY	A Charton Expo Home Cente	rs Representative	Buyer)	Jan	nes Parrish			Date
. <u></u>	FACTORY EXPO HOME CENTERS MAN.		Buyer)					Date
	REVIEW & ACCEPTANCE	Printed 6/28/2017	1:49 PM		*		June	2017

Application # 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)

	-Owner Information: Owner Information (To be	completed by	owner of the manufactured home)				
Name	: Mary Parrisi	}	Address: 1004/ Colon Rd Sandard No				
			Zip: <u>27330</u> Daytime Phone: (9/8/776-5370)				
Lando	owner Information (To be c	ompleted by lar	ndowner, if different than above)				
Name	:	 	_ Address:				
City: _	·	State:	_ Zip: Daytime Phone: ()				
Part II	– Contractor Information	n (To be complet	ted by Contractors or Homeowner, if applicable.				
Α.	Set-Up Contractor Com	Name, address, npany Name:	, & phone must match information on license) Christians Mobile Home Movers				
	Phone: <u>9/9- 170- 9</u>	660 Addre	ess:				
	City: Sandord	State:	Zip:				
			TI GETENINE				
B.	Electrical Contractor C	ompany Name:	TIG Electric				
	Phone: <u>919-434</u>	- <i>4480</i> Addre	ss: 5303 Broadway Rd				
	City: SanSord	State:	NC Zip: 27332				
	State Lic#_15697L	Email:					
C.	State Lic#_156972 Email:						
	Phone:	Addres	ss:				
	City:	State:	Zip:				
	State Lic#	Email:					
D.	Plumbing Contractor Co	ompany Name:	Dancy, work Ascurer				
	Phone:	Addres	ss:_				
			Zip:				
Part III	 Manufactured Home In 	formation					
Model `	Year: <u>2017</u> Size: <u>/6</u>	_X <u>-26</u> _	Complete & follow zoning criteria sheet				
Park Na	ame:		Lot Number:				
nstallati	on will conform to the applice. I understand that if any	permission to pui cable manufactu	this permit, that the application is correct including the contractor rchase these permits on their behalf, and that the construction or irred home set-up requirements, and the Harnett County Zoning or false information has been provided that this permit could be				
_	Mary Tour	er	5/15/17				
	Signature of Home Owner	or Agent	Øate /				

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

SETUP

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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 . . . . 17-50041397
                                             Date 9/11/17
   Property Address . . . . . 94587 *UNASSIGNED PARCEL NUMBER . . 03-9578- - -0009- -08-
   Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
   Subdivision Name . . . . . .
   Property Zoning . . . . . . RES/AGRI DIST - RA-20R
                                 Contractor
   Owner
   ______
                                 ______
                                 CHRISTIANS MOBILE HOME MOVERS
   PARRISH MARY B & JAMES P
                                544 GOLDEN HILLS LANE
   1004 COLON ROAD
             NC 27330
                                SANFORD
                                                NC 27332
   SANFORD
                                (919) 499-6720
   Applicant
   PARRISH JAMES
   1045 BOYD BRAFFORD DR
   SANFORD NC 27332 (919) 352-5066
   (919) 352-5066
--- Structure Information 000 000 16X70 2BDR SWMH
   Flood Zone . . . . . . . . FLOOD ZONE X
Other struct info . . . . # BEDROOMS
                                                    2.00
                         MOBILE HOME YEAR
                                                 2017.00
                                              SFD
                          PROPOSED USE
                         SEPTIC - EXISTING?
WATER SUPPLY
                                              NEW
                                              WELL
________
   Permit . . . . . LAND USE PERMIT
   Additional desc . .
   Phone Access Code . 1208446
  Issue Date . . . 9/11/17
Expiration Date . . 3/10/18
                              Valuation . . . .
Permit . . . . . MANFACTURED HOME PERMIT
  ·
   Special Notes and Comments
    T/S: 05/16/2017 03:59 PM LBENNETT --
    TAKE HWY 27 WEST TO BARBECUE CHURCH RD
    - TURN RIGHT GO 2 MILES T BOYD BRAFFORD
    DR - TURN LEFT GO 1 MILE IT IS THE
    TRACK OF LAND ON THE LEFT BEFORE YOU
    GET TO 1045 BOYD BRAFFORD DR
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HARNETT COUNTY CENTRAL PERMITTING

	P.O. BOX LILLINGTO For Inspe	65 ON, NC ections	27546 Call: (910) 893-7525 Fax: (9 Suled before 2pm available next		/ .		
Pr PA Ap Su	plication operty Ado RCEL NUMBE plication bdivision	Number Iress ER descri Name	17-50041397 94587 *UNASSIGNED	Page Date) 908- OME RA20R/RA2	2 9/11/17		
Required Inspections							
Seq	Phone Insp#		Description	Initials	Date		
Pe	rmit type		. LAND USE PERMIT				
999 999	818 820		PZ*ZONING INSPECTION PZ*ZONING/FINAL INSPECTION		_/_/_		
Pe	rmit type		. MANFACTURED HOME PERMIT				
10 10	501 814	A814	ADDRESS CONFIRMATION		_/_/		
20 30 999		T507 H824	R*MANUFACTURED HOME FINAL ENVIR. OPERATIONS PERMIT				
999 999	307	H828 P307	ENVIRO. WELL PERMIT R*PLUMB WATER CONNECTION		/,/,		

HARNETT COUNTY CENTRAL PERMITTING

HARNETT COUNTY CASH RECEIPTS

Oper: LLUCAS

Date: 9/11/17 53 Type: CP Drawer: 1

Receipt no: 88338

Year Mumber 201/ 50041397 34587 *UNASSIGNED SANFOND, NC 27338 EI RP PERMIT FEES

Amount

\$175.80

JAMES PARKESH

Tender detail CK CHFUK PRYMEN Jotal tendered Jotal payment

1365

\$175.00 \$175.00 \$175.00

Trans date: 9/11/17

Time: 18:44:89

** THANK YOU FOR YOUR PAYMENT **

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