

Application # 1750042750

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: Randy Szczyblewski Address: 145 Jimmy Drive

City: Bunnlevel State: NC Zip: 28323 Daytime Phone: (910) 922-7879

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 MIt 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 Elective Service Inc.

Phone: 919-639 Address: 731 Mabry Road

City: Angier State: NC Zip: 27501

State Lic# 15677 U Email: _____

C. **Mechanical Contractor** Company Name: Spell Mechanical

Phone: 910-525-5976 Address: P.O. Box 93

City: Autryville State: NC Zip: 28318

State Lic# 10574 Email: _____

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

Phone: 919-639-7200 Address: P.O. Box 254

City: Willow Springs State: NC Zip: 27592

State Lic# 18550 P1 Email: _____

Part III - Manufactured Home Information

Model Year: 2016 Size: 38 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.

Charles E. Prof
Signature of Home Owner or Agent

12/21/17
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.

1261788

DATE:

12-6-17

SALES AGREEMENT

BUYER(S): Randy Edward Szczublewski

ADDRESS: 145 JIMMY DR BUNNLEVEL NC 28323

DELIVERY ADDRESS: 145 JIMMY DR BUNNLEVEL NC 28323

TELEPHONE: SALES PERSON FULL NAME: Catherine Long

BASE PRICE: \$89,725.80
State Tax: \$2,130.99
Local Tax: \$0.00

1. CASH PRICE \$91,856.79

TITLE FEES \$52.00
FILING FEES \$64.00

2. TOTAL PACKAGE PRICE \$91,972.79

Trade Allowance N/A
Less Amount Owed N/A
Trade Equity N/A
Cash Down Payment \$500.00

3. LESS ALL CREDITS \$500.00

4. REMAINING BALANCE \$91,472.79

Table with 4 columns: Location, Type of Insulation, Thickness, R-Value. Rows include Floors (fiberglass, 7.00, 22), Exterior (fiberglass, 4.00, 11), and Ceilings (blown fiberglass, 9.00, 33).

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

Make: CMH Model: 57ROC28563AH16
Year: N/A Length: N/A Width: N/A Stock#: OR1759
Serial No.: ROC731759NCAB New [X] 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, plumb water up to 75 ft and sewer up to 20 ft. connections, wire panel box to home for power, 2 sets wood steps to code, white vinyl skirting installed.

SELLER RESPONSIBILITIES: Deliver and setup to county code, contractor permits.

BUYER RESPONSIBILITIES: zoning permit and septic reinspection, demolish home and lot cleaned off ready for new home

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 9.84% NUMBER OF YEARS 23 ESTIMATED MONTHLY PAYMENTS \$886.52

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) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

SELLER:

Signature of Charles E. Page
CMH Homes, Inc. d/b/a -

BUYER:

Signature of Randy Edward Szczublewski

CLAYTON HOMES DUNN, NC
2001 W CUMBERLAND ST
DUNN NC 28334

Signature of:

Signature of:

Signature of:



HTE# 17-5-42750

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME Randy Seczublewski PHONE # 910-922-7879

ADDRESS 145 Jimmy Dr., Bunnlevel, NC 28323

NAME OF MOBILE HOME PARK OR S/D _____

NAME OF OWNER (IF DIFFERENT) _____

ADDRESS OF OWNER (IF DIFFERENT) _____

PROPERTY LOCATION: STATE ROAD NAME AND # SR#2031, Wire Rd.

PURPOSE OF INSPECTION: 28x56 DWMH

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If this system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

- (1) the intended use of the septic system should change, and/or
- (2) the system should fail or malfunction, and/or
- (3) the owner or tenant of the property changes, and/or
- (4) after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM

Graham J. Byrd (sgs)
Signature of Environmental Health Specialist

11/15/17
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.

| | | | |
|-----------------------------------|--|------|----------|
| Application Number | 17-50042750 | Page | 2 |
| Property Address | 145 JIMMY DR | Date | 12/21/17 |
| PARCEL NUMBER | 12-0556- - -0140- -03- | | |
| 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 | _____ | ___/___/___ |
| 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 | _____ | ___/___/___ |

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Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner

SZCZUBLEWSKI RANDY & LORI
739 GREENLEAF RD
ANGIER NC 27501

Contractor

STATE MOBILE HOME MOVERS
1085 A AQUILLA RD
BENSON NC 27504
(910) 894-8038

Applicant

SZCZUBLEWSKI RANDY
145 JIMMY DR
BUNNLEVEL NC 28323
(910) 922-7879

--- Structure Information 000 000 28X56 DWMH 3BDR 2BTH
Flood Zone FLOOD ZONE X
Other struct info # BATHS 2
BEDROOMS 3.00
MOBILE HOME YEAR 2017.00
PROPOSED USE SFD
SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY

Permit MANUFACTURED HOME PERMIT

Additional desc
Phone Access Code 1222967
Issue Date 12/21/17 Valuation 0
Expiration Date 12/21/18

Permit LAND USE PERMIT

Additional desc
Phone Access Code 1222959
Issue Date 12/21/17 Valuation 0
Expiration Date 6/19/18

Special Notes and Comments

T/S: 11/14/2017 10:44 AM LLUCAS ----
TAKE 401 TOWARDS FAYETTEVILLE - TURN
RIGHT ON MCLEAN CHAPEL CHURCH RD - TURN
LEFT ON WIRE RD - TURN RIGHT ON JIMMY
DR

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 12/21/17 53 Receipt no: 194043

| Year | Number | Amount |
|---------------------|------------------|----------|
| 2017 | 50042750 | |
| 145 JIMMY DR | | |
| BUNNLEVEL, NC 28323 | | |
| B1 | BP - PERMIT FEES | \$225.00 |

CMH HOMES, INC.

| | | |
|-----------------|---------|----------|
| Tender detail | | |
| CK CHECK PAYMEN | 4959350 | \$225.00 |
| Total tendered | | \$225.00 |
| Total payment | | \$225.00 |

Trans date: 12/21/17 Time: 11:09:32

** THANK YOU FOR YOUR PAYMENT **