

Application # 1850044045

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: Laura Dixon Address: 56 Spruce Lane

City: Lillington State: NC Zip: 27546 Daytime Phone: (919) 916-8277

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: 919-639-4837 Address: 731 Mabry Road

City: Angier State: NC Zip: 27501

State Lic# 15077K 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# 18550P1 Email: _____

Part III - Manufactured Home Information

Model Year: _____ Size: 14x76 **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. Boy
Signature of Home Owner or Agent

7/5/18
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.

1287959

SALES AGREEMENT

DATE: 06/28/2018

BUYER(S): Laura Ann Dixon

ADDRESS: 100 OVERBY CT LILLINGTON NC 27546

DELIVERY ADDRESS: 56 SPRUCE LANE LILLINGTON NC 27546

TELEPHONE: _____ SALES PERSON FULL NAME: Catherine Long

BASE PRICE: \$45,652.50 Make: CMH Model: 36TRU14763AH17
 Year: 2017 Length: 76 Width: 14 Stock#: WH1767
 State Tax: \$1,084.25 Serial No.: CWP031767TN New Used
 Local Tax: \$0.00

1. CASH PRICE \$46,736.75

LAND PURCHASE \$12,000.00
 TITLE FEES \$52.00
 FILING FEES \$90.00

2. TOTAL PACKAGE PRICE \$58,878.75

Trade Allowance N/A
 Less Amount Owed N/A
 Trade Equity N/A
 Cash Down Payment \$5,375.00

3. LESS ALL CREDITS \$5,375.00

4. REMAINING BALANCE \$53,503.75

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, 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

BUYER RESPONSIBILITIES: zoning and septic re inspection permit.

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 10.30% NUMBER OF YEARS 23 ESTIMATED MONTHLY PAYMENTS \$245.46

Location	Type of Insulation	Thickness	R-Value
Floors	Fiberglass	7.00	22
Exterior	Fiberglass	3.50	11
Ceilings	Cullulose	8.00	30

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

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: Charles E Boyd
 CMH Homes, Inc. d/b/a -

BUYER: Laura Ann Dixon
 Signature of: Laura Ann Dixon

Signature of: _____
 Signature of: _____
 Signature of: _____



Application Number 18-50044045 Page 2
Property Address 59 SPRUCE LN Date 7/05/18
PARCEL NUMBER 13-0631- -0031- -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 LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
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	_____	___/___/___

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Owner Contractor

LIN PEI CHUN TIC & SUNG HUI STATE MOBILE HOME MOVERS
CHUN TIC 1085 A AQUILLA RD
2421 N BELL AVE APT 103 BENSON NC 27504
DENTON TX 76209 (910) 894-8038

Applicant

DIXON LAURA
100 OVERBY COURT
FUQUAY-VARINA NC 27526
(919) 916-8277

--- Structure Information 000 000 16X76 3BD SWMH IN RA30 - NO CONDITIONS
Flood Zone FLOOD ZONE X
Other struct info # BATHS 2
BEDROOMS 3.00
MOBILE HOME YEAR 2018.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXISTING
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc . . .
Phone Access Code . 1250018
Issue Date 7/05/18 Valuation 0
Expiration Date . . 1/01/19

Permit MANUFACTURED HOME PERMIT
Additional desc . . .
Phone Access Code . 1250026
Issue Date 7/05/18 Valuation 0
Expiration Date . . 7/05/19

Special Notes and Comments
T/S: 05/17/2018 09:28 AM BPETRICH --
59 SPRUCE LANE LILLINGTON 27546

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 7/05/18 53 Receipt no: 4707

Year	Number	Amount
2018	50044045	
59 SPRUCE LN		
LILLINGTON, NC 27546		
B1	BP - PERMIT FEES	
		\$175.00

CMH HOMES, INC

Tender detail		
CK CHECK PAYMEN	5024091	\$175.00
Total tendered		\$175.00
Total payment		\$175.00

Trans date: 7/05/18 Time: 11:10:39

** THANK YOU FOR YOUR PAYMENT **