

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: James Guy Address: TBD Olivia Road  
City: Sanford State: NC Zip: 27332 Daytime Phone: ( 919 ) 689-3609

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 Aguilla 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# 150774 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# 18550P-T Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 2018 Size: 28 x 64 **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. Guy  
Signature of Home Owner or Agent

6/18/18  
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.*



# SALES AGREEMENT

CUSTOMER NO.: \_\_\_\_\_

DATE: 5/9/18

BUYER(S): James Robert Guy

SSN: \_\_\_\_\_

Patricia Marlette Guy

SSN: \_\_\_\_\_

ADDRESS: 1900 US Highway 13 S Goldsboro, NC 27530

DELIVERY ADDRESS: TBD Olivia Road Sanford, NC 27332

TELEPHONE: 919-689-3609

SALES PERSON: Ronnie Edwards

<b>BASE PRICE:</b>	\$	<u>118,510.00</u>
Dealer Prep	\$	_____
<b>SUB-TOTAL</b>	\$	<u>118,510.00</u>
Sales Tax	\$	<u>2,820.20</u>
Title Fees	\$	<u>52.00</u>
_____	\$	_____
Est. bank fees	\$	<u>3,000.00</u>
_____	\$	_____
<b>1. CASH PRICE</b>	\$	<u>124,382.20</u>
Trade Allowance	\$	_____
Less Amount Owed	\$	_____
Trade Equity	\$	_____
Cash Down Payment	\$	<u>12,000.00</u>
Other Payments	\$	<u>28,000.00</u>
<b>2. LESS ALL CREDITS</b>	\$	<u>40,000.00</u>
<b>3. REMAINING BALANCE</b>	\$	<u>84,382.20</u>

Make: CMH Model: Heritage 2088  
 Year: 2018 Length: 64 Width: 28 Stock #: TBD  
 Serial No.: TBD  New  Used

TRADE: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Year: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Title #: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_  
 Amount owed will be paid by:  Buyer  Seller  
 Owed to: \_\_\_\_\_

**OPTIONS:** 14 seer heat pump, two sets of wood steps, wire panel box to home, Plumb sewer line up to 20ft. Water line up to 75ft. White vinyl skirting installed, Water tap allowance (\$2000.00)  
**SELLER RESPONSIBILITIES:** Delivery set up and trim out of home. Contractors permits. Gravity septic tank allowance 3 lines (\$3,500.00) Driveway covert pipe 20 ft. with one load of dirt.

Location	R-Value	Thickness	Type of Insulation
<u>Ceiling</u>			
<u>Exterior</u>	<u>Energy</u>	<u>Smart</u>	<u>Home</u>
<u>Floors</u>			

**BUYER RESPONSIBILITIES:** Zoning and Health permits for county. Final landscaping of property. Home ordered with colors and specs as work order states. Cleared lot to receive home and septic system. Note: customer does not want domer on home.

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

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

**ESTIMATED MORTGAGE.** *Buyer is voluntarily purchasing any insurance products listed below. All numbers are estimated.*

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 OF THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.  
 ESTIMATED RATE OF FINANCING: N/A % NUMBER OF YEARS: NULL  
 ESTIMATED MONTHLY PAYMENTS \$ N/A

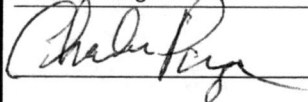
**A. OTHER CHARGES**

Property Insurance	\$	_____
HBPP Insurance	\$	_____
License Fees	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL</b>	\$	_____
B. Unpaid Bal/Amt Fin. (3+A)	\$	_____
C. Interest Rate	%	_____
D. Finance Charge	\$	_____
E. Total of Payments (B+D)	\$	_____
F. Total Sales Price (1+A+D)	\$	_____
G. Number of Payments #	_____	
H. Payment Amount	\$	_____

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.

**SELLER:**

Charles Page



**BUYER:**

X Patricia M Guy 5/9/18

X James R Guy 5/9/18

X \_\_\_\_\_  
(Signature)

X \_\_\_\_\_  
(Signature)

*This is not a loan commitment*



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Application Number . . . . .	18-50044094	Page	2
Property Address . . . . .	95134 *UNASSIGNED	Date	6/18/18
PARCEL NUMBER . . . . .	03-9587-01- -0592- - -		
Application description . . . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-20R		

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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	_____	___/___/___

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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Application Number . . . . . 18-50044094 Date 6/18/18  
Property Address . . . . . 95134 \*UNASSIGNED  
PARCEL NUMBER . . . . . 03-9587-01- -0592- - -  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20R

Owner Contractor  
-----  
COUGHLIN JOHN A & BARBARA E STATE MOBILE HOME MOVERS  
2876 OLIVIA RD 1085 A AQUILLA RD  
SANFORD NC 27332 BENSON NC 27504  
(910) 894-8038

Applicant  
-----

GUY JOHN  
1900 HWY 13 S  
GOLDSBORO NC 27530  
(919) 689-3609

--- Structure Information 000 000 26X64 DWMH 3BDR 2 BTH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BATHS 2  
# BEDROOMS 3.00  
MOBILE HOME YEAR 2018.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW SEPTIC  
WATER SUPPLY COUNTY

-----  
Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1247782  
Issue Date . . . . . 6/18/18 Valuation . . . . . 0  
Expiration Date . . . . . 6/18/19

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1247774  
Issue Date . . . . . 6/18/18 Valuation . . . . . 0  
Expiration Date . . . . . 12/15/18

-----  
Special Notes and Comments  
T/S: 05/23/2018 11:20 AM LLUCAS ----  
2876 OLIVIA RD  
HWY 27 N TO BARBECUE CHURCH RD - TO  
OLIVIA RD  
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## HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS                    Type: CP    Drawer: 1  
Date: 6/18/18 53                Receipt no: 396685

Year	Number	Amount
2018	50044094	
95134	*UNASSIGNED	
SANFORD, NC	27332	
B1	BP - PERMIT FEES	\$225.00

DOUBLEWIDE PERMIT

CMH HONES, INC.

Tender detail		
CK CHECK PAYMEN	5017442	\$225.00
Total tendered		\$225.00
Total payment		\$225.00

Trans date: 6/18/18            Time: 14:53:02

\*\* THANK YOU FOR YOUR PAYMENT \*\*

18. TIME: 101 FOR YOUR PAYMENT

Trade Date: 01/19/82 11:52:14:23:05

Total Debits: \$552.88

Total Credits: \$552.88

OK CHECK NUMBER 2814465 \$552.88

Journal Entry

OK DEBIT JHC

DEBIT FOR DEBIT

\$552.88

BT RB - DEBIT FEES

OK CARD, NC 51335

02121 100021010

EDIT 2084465

Yes: Number

Output

Date: 01/19/82 04:51:00 13988

Order: 111002 12:58:00 1

OK CUSTOMER RECEIPT #00

HOWELL MACHINERY CO'S RECEIPT