

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: Marvin Murray Address: 245 Taras Ln  
City: Broadway State: NC Zip: 27505 Daytime Phone: (919) 710-4645

Landowner Information (To be completed by landowner, if different than above)

Name: Same 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)

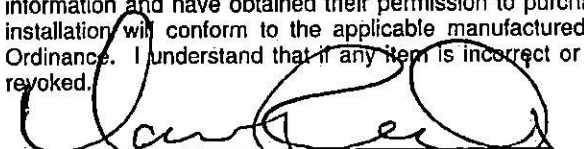
- A. Set-Up Contractor Company Name: Raven Rock MH Makers  
Phone: 919-715-3600 Address: 3335 NC Hwy 87 S  
City: Sanford State: NC Zip: 27332  
State Lic# 34100 Email: N/A
- B. Electrical Contractor Company Name: Edwin Johnson  
Phone: 919-429-3475 Address: 1610 Cool Springs Rd  
City: Sanford State: NC Zip: 27330  
State Lic# 19422 Email: N/A
- C. Mechanical Contractor Company Name: Tin Shop  
Phone: 919-708-8340 Address: 3489 Edwards Rd  
City: Sanford State: NC Zip: 27332  
State Lic# 22513 Email: N/A
- D. Plumbing Contractor Company Name: Leroy B Measmer  
Phone: 919-343-8381 Address: 2521 Westgate Dr  
City: Sanford State: NC Zip: 27330  
State Lic# 23822 Email: N/A

Part III - Manufactured Home Information

Model Year: 2019 Size: 28 x 60 Complete & follow zoning criteria sheet

Park Name: private lot 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

7/20/18  
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.

**E. J. WOMACK ENTERPRISES INC.  
DBA COUNTRY FAIR HOMES**

3335 NC 87 Highway S.  
SANFORD, NORTH CAROLINA 27332  
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) <i>Marty Murray</i>		PHONE <i>919 770 4645</i>		DATE <i>6-8-18</i>	
ADDRESS <i>245 TARA'S LN. Broadway N.C. 27505</i>				SALESPERSON <i>EJWomack</i>	
DELIVERY ADDRESS <i>SAME</i>					
MAKE & MODEL <i>Champion 2955</i>		YEAR <i>2019</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>56 28</i>	HITCH SIZE <i>60 28</i>
SERIAL NUMBER <i>Special order</i>		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		COLOR <i>Clay</i>	PROPOSED DELIVERY DATE <i>ASAP</i>
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	<i>\$66551.00</i>
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS				SUB-TOTAL	\$
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16				SALES TAX	<i>1580.58</i>
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS	
<i>House to be delivered, setup</i>				VARIOUS FEES AND INSURANCE	
<i>Trim out</i>				1. CASH PURCHASE PRICE	<i>\$68131.58</i>
<i>To be built as spec</i>				TRADE-IN ALLOWANCE	
<i>wheels &amp; axles to be returned to dealer</i>				LESS BAL. DUE on above	
				NET ALLOWANCE	
				CASH DOWN PAYMENT	<i>\$10,000.00</i>
				CASH AS AGREED SEE REMARKS	
				2. LESS TOTAL CREDITS	
				SUB-TOTAL	\$
				-SALES TAX (If Not Included Above)	
				3. Unpaid Balance of Cash Sale Price	<i>\$58131.58</i>
Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement; the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.					
ESTIMATED RATE OF FINANCING _____ %					
NUMBER OF YEARS _____					
ESTIMATED MONTHLY PAYMENTS \$ _____					
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT.					
BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.					
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 OF 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.					
REMARKS:					
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ _____					
<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.</b>					
DESCRIPTION OF TRADE-IN _____ YEAR _____					
MAKE _____ (MODEL) _____ BEDROOMS _____					
TITLE NO. _____ SERIAL NO. _____ COLOR _____					
AMOUNT OWING TO WHOM _____					
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER					
E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES				BUYER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent				SIGNED X _____	
By <i>EJWomack</i>				SOCIAL SECURITY NO. _____ / _____ / _____	
Approved _____				SIGNED X _____	
				SOCIAL SECURITY NO. _____ / _____ / _____	