

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: Alberta Mendoza
Cesar Castaneda Address: 101 Rues Ln

City: Lillington State: NC Zip: 27546 Daytime Phone: 919-498-4412

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

Name: Clyde Patterson Address: _____

City: Broadway State: NC Zip: 27505 Daytime Phone: 919-258-5538

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: Cesar Castaneda

Phone: 919-498-4412 Address: 101 Rues Ln

City: Lillington State: NC Zip: 27330

Setup Signature: Cesar Castaneda State Lic# SELF

B. **Electrical Contractor** Company Name: Cesar Castaneda

Phone: 919-498-4412 Address: 101 Rues Ln

City: Lillington State: NC Zip: 27546

Electrician's Signature: Cesar Castaneda State Lic# SELF

C. **Mechanical Contractor** Company Name: Cesar Castaneda

Phone: 919-498-4412 Address: 101 Rues Ln

City: Lillington State: NC Zip: 27546

HVAC Signature: Cesar Castaneda State Lic# SELF

D. **Plumbing Contractor** Company Name: Cesar Castaneda

Phone: 919-498-4412 Address: 101 Rues Ln

City: Lillington State: NC Zip: 27546

Plumber's Signature: Cesar Castaneda State Lic# SELF

Part III - Manufactured Home Information

Model Year: 1993 Size 28x56 **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 signatures, 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.

Cesar Castaneda
Signature of Home Owner or Agent

9/15/08
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**

2516 Jefferson Davis Highway
SANFORD, NORTH CAROLINA 27330
(919) 775-3600 • 1-800-509-3600 • Fax (919) 775-7533

BUYER(S)	Alberta Mendoza / Cesar Castaneda		PHONE	919-498-9412	DATE	9/15/08	
ADDRESS	455 Raymack Dr. Sanford NC		SALESPERSON	EJ			
DELIVERY ADDRESS	Thomas Farm Rd. Broadway NC		27505				
MAKE & MODEL		YEAR	1993	BEDROOMS	3	FLOOR SIZE	56 W 28
SERIAL NUMBER		COLOR		PROPOSED DELIVERY DATE		KEY NUMBERS	
		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED					

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$
CEILING					
EXTERIOR					
FLOORS					

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	NON-TAXABLE ITEMS
<p><i>Sold as is</i></p>	VARIOUS FEES AND INSURANCE
	1. CASH PURCHASE PRICE
	TRADE-IN ALLOWANCE \$
	LESS BAL. DUE on above \$
	NET ALLOWANCE \$
	CASH DOWN PAYMENT \$ 5000.00
	CASH AS AGREED SEE REMARKS \$
	2. LESS TOTAL CREDITS
	SUB-TOTAL \$
	SALES TAX (If Not Included Above)

3. Unpaid Balance of Cash Sale Price \$ 8500.00

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.

REMARKS:

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

ESTIMATED RATE OF FINANCING _____ %

NUMBER OF YEARS _____

ESTIMATED MONTHLY PAYMENTS \$ _____

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.

DESCRIPTION OF TRADE-IN	YEAR	SIZE
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		

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.

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

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By _____ approved _____

SIGNED X *Alberta Mendoza* BUYER

SOCIAL SECURITY NO _____

SIGNED X *Cesar Castaneda* BUYER

SOCIAL SECURITY NO _____