Harnett County Central Permitting 08-500219178
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: Connie B. Long Address: 6602 South River Rd
City: Lillington State: NC Zip: 27546 Daytime Phone: 910 893-6576

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: Raven Rock MH Movers
Phone: 919-775-3600 Address: 2516 Jefferson Davis Hwy
City: Sanford State: NC Zip: 27330
Setup Signature: Bobby Suggs State Lic# 3400

B. **Electrical Contractor** Company Name: Bobby Sharpe
Phone: 919-499-3338 Address: 735 Sharpe Rd
City: Sanford State: NC Zip: 27330
Electrician's Signature: Bobby Sharpe State Lic# 23262

C. **Mechanical Contractor** Company Name: ~~KE~~ Tin Shop
Phone: 919-499-1757 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27330
HVAC Signature: [signature] State Lic# 23513

D. **Plumbing Contractor** Company Name: Connie Long
Phone: 910-893-6576 Address: 6602 South River Rd
City: Lillington State: NC Zip: 27546
Plumber's Signature: Connie Long State Lic# Self

Part III – Manufactured Home Information

Model Year: 2008 Size: 24x52 ***Complete & follow zoning criteria sheet***

Park Name: private 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.

[signature] 12/1/08
Signature of Home Owner or Agent 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.

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) Connie Barnes Long | PHONE 910-893 6576 | DATE 9-11-08
ADDRESS 6602 South River Road Lillington NC | SALESPERSON EJ
DELIVERY ADDRESS South River Rd Lillington, NC 27546
MAKE & MODEL Champion LE 46 | YEAR 08 | BEDROOMS 3 | FLOOR SIZE L W | HITCH SIZE L W | STOCK NUMBER
SERIAL NUMBER Order | ☒ NEW ☐ USED | COLOR | PROPOSED DELIVERY DATE ASAP | KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

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

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

	$
Home to be delivered,	
Setup, septic, water,	
tap, electrical AC and	
water lines at home,	
+ Block skirting.	

REMARKS:

BALANCE CARRIED TO OPTIONAL EQUIPMENT $

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

DESCRIPTION OF TRADE-IN | YEAR | SIZE x
MAKE | MODEL | BEDROOMS
TITLE NO. | SERIAL NO | COLOR
AMOUNT OWING TO WHOM
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY ☐ DEALER ☐ BUYER

BASE PRICE OF UNIT	$61,789 00
OPTIONAL EQUIPMENT	
SUB-TOTAL	$ 61,789 00
SALES TAX	600 00
NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
1. CASH PURCHASE PRICE	$ 62,389 00
TRADE-IN ALLOWANCE $	
LESS BAL. DUE on above $	
NET ALLOWANCE $	
CASH DOWN PAYMENT $	
CASH AS AGREED SEE REMARKS $	
2. LESS TOTAL CREDITS	$
SUB-TOTAL	$ 62,389 00
SALES TAX (If Not Included Above)	
3. Unpaid Balance of Cash Sale Price	$ 62,389 00

Dealer and Buyer certify that the additional terms an conditions printed on the other side of this contract a agreed to as a part of this agreement, the same as if printe above the signatures. Buyer is purchasing the abov described manufactured home; the optional equipment an accessories, the insurance as described has been voluntar that Buyer's trade-in is free from all claims whatsoever, exce as noted.

ESTIMATED RATE OF FINANCING _____ %

NUMBER OF YEARS _____

ESTIMATED MONTHLY PAYMENTS $ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWE DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMEN VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN TH CONTRACT.
BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND TH BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMEN

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL TH PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DA AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. UNDERSTAND THAT THIS CANCELLATION MUST B IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THRI DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NO HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF TH MONEY THAT I PAID THE DEALER. I UNDERSTAND AN CHANGE TO THE TERMS OF THE PURCHASE AGREEMEN BY THE DEALER WILL CANCEL THIS AGREEMENT.

E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES _____ DEALER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
By _____ Approved

SIGNED X Connie B. Long BUY
SOCIAL SECURITY NO. ___/___/___
SIGNED X _____ BU
SOCIAL SECURITY NO. ___/___/___

FORM 500NC ® TRIPLICATE A PLAIN LANGUAGE PURCHASE AGREEMENT Rev 01/04