

Application # 09-50021828

**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: Oretta McMilliam Address: Raven Rock Rd

City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 867-2957

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: 919-775-3606 Address: 2516 Jefferson Davis Hwy

City: Sanford State: NC Zip: 27330

Setup Signature: Bobby Duggo State Lic# 3400

B. **Electrical Contractor** Company Name: Bobby Sharpe

Phone: 919-499-3338 Address: 135 Sharpe Rd

City: Sanford State: NC Zip: 27330

Electrician's Signature: Bobby Sharpe State Lic# 23262

C. **Mechanical Contractor** Company Name: Tia Shop

Phone: 919-499-1757 Address: 3489 Edwards Rd

City: Sanford State: NC Zip: 27330

HVAC Signature: Kevin Whitehead State Lic# 23513

D. **Plumbing Contractor** Company Name: Oretta McMilliam

Phone: 910-867-2957 Address: 253 Raven Rock

City: Lillington State: NC Zip: 27546

Plumber's Signature: Oretta McMilliam State Lic# self

**Part III - Manufactured Home Information**

Model Year: 2009 Size: 14x56 *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.

Bobby Duggo  
Signature of Home Owner or Agent

5/4/09  
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) <i>Oretta McMilliam</i>	PHONE <i>910-867-2957</i>	DATE <i>5/1/09</i>
ADDRESS <i>9320 Castle Falls Circle</i>	SALESPERSON	
DELIVERY ADDRESS <i>Raven Rock Rd.</i>		
MAKE & MODEL <i>Champion</i>	YEAR <i>2009</i>	BEDROOMS <i>2</i>
	FLOOR SIZE <i>156</i>	HITCH SIZE <i>14</i>
SERIAL NUMBER <i>Special Order</i>	COLOR	STOCK NUMBER
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	PROPOSED DELIVERY DATE	KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$28900.00
CEILING				OPTIONAL EQUIPMENT	
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.				SALES TAX	

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS	
			\$	VARIOUS FEES AND INSURANCE	
<i>Set up</i>				1. CASH PURCHASE PRICE \$	
<i>Electrical Hook up</i>				TRADE-IN ALLOWANCE \$	
<i>Ht pump</i>				LESS BAL. DUE on above \$	
				NET ALLOWANCE \$	
				CASH DOWN PAYMENT \$	
				CASH AS AGREED SEE REMARKS \$	
				2. LESS TOTAL CREDITS \$	
				SUB-TOTAL \$	
				SALES TAX (If Not Included Above)	
				3. Unpaid Balance of Cash Sale Price \$	

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 \$

**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		

E. J. WOMACK ENTERPRISES INC.  
DBA COUNTRY FAIR HOMES  
By *[Signature]* Approved

SIGNED X *[Signature]* BUYER  
SOCIAL SECURITY NO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGNED X \_\_\_\_\_ BUYER  
SOCIAL SECURITY NO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_