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Application # 09500 21882

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 David Hubbard Address 781 Carter Morris Rd

City Lillington State NC Zip 27546 Daytime Phone (336) 736-0056

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

Name Sane 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** CTS Home Service

Phone 910-734-9782 Address 405 Pittman Rd

City Lumberton State NC Zip 28357

Setup Signature. [Signature] State Lic# 2773

B **Electrical Contractor Company Name** Arthur Wilton Sney

Phone 910 423-6107 Address 5798 Medunell Rd

City Parkton State NC Zip 28371

Electrician's Signature. [Signature] State Lic# 20934 E-5FD

C **Mechanical Contractor Company Name** Spells Mechanical Service

Phone 910-525-5976 Address P.O. Box 93

City Astoriaville State NC Zip 28382-0093

HVAC Signature. [Signature] State Lic# 10574 H31

D **Plumbing Contractor Company Name** McLean Plumbing

Phone 910-734-9782 Address P.O. Box 2716

City Lumberton State NC Zip 28359-2716

Plumber's Signature. [Signature] State Lic# 14019A

Part III - Manufactured Home Information

Model Year 2012 Size 30 X 50 **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

[Signature]
Signature of Home Owner or Agent

11-7-11
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

1038612

DATE

// 3/11

SALES AGREEMENT

BUYER(S) DAVID E HUBBARD

ADDRESS 781 CORTEZ MORRISON RD LILLINGTON NC 27546

DELIVERY ADDRESS 781 CORTEZ MORRISON RD LILLINGTON NC 27546

TELEPHONE (336) 736 0056

SALES PERSON FULL NAME David Thomas

BASE PRICE \$79,847.00
 State Tax \$600.00
 Local Tax \$.00
 Property Insurance N/A
 Title Fees \$40.00
 Filing Fees \$.00

Make CAVALIER HOMES OF NC Model EXTREME
 Year N/A Length N/A Width N/A Stock# CN6401
 Serial No CBG046401NCAB New Used

TRADE Make N/A Model N/A
 Year Length N/A 54 Width N/A Title # 32
 Serial No
 Amount owed will be paid by Buyer Seller
 Owed to

OPTIONS
 heat pump two sets of stairs

SELLER RESPONSIBILITIES
 install heatpump deliver and set home hook up power and water brick skirting install vapor barrier get all permits with exception of septic pay for all permits pay up to 3923 in closing cost

BUYER RESPONSIBILITIES
 apply for septic permit contact utilites provide lender with needed info and docs

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

1 CASH PRICE \$80,487.00
 Trade Allowance N/A
 Less Amount Owed N/A
 Trade Equity N/A
 Cash Down Payment \$.00
 2 LESS ALL CREDITS \$.00
 3 REMAINING BALANCE \$80,487.00

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 TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT
 ESTIMATED RATE OF FINANCING _____% NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS _____%

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

Location	Type of Insulation	Thickness	R-Value
Floors	fiberglass	7 50	r22
Exterior	fiberglass	3 50	r11
Ceilings	r30	4 00	r30

This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF SECTION 460 16

SELLER

CMH Homes Inc d/b/a

Marcia Yocum

CLAYTON HOMES FAYETTEVILLE NC
3340 GILLESPIE ST
FAYETTEVILLE NC 28306

BUYER

David E Hubbard
Signature of DAVID E HUBBARD

X _____
Signature of

X _____
Signature of

X _____
Signature of

