

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: BRIAN HOLLOWELL Address: 318 MOORE'S CHAPEL ROAD
City: LILLINGTON State: NC Zip: 27546 Daytime Phone: 910 893-9970

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: JMB SERVICES State Lic# 32512
Phone: 669-7043 Address: 105 ASPEN CIRCLE
City: CLAYTON State: NC Zip: 27520

Setup Signature: Mike Barber

B. Electrical Contractor Company Name: STANCIL + OWENS State Lic# 13075L
Phone: 427-6952 Address: 446 STANCIL ROAD
City: ANGIER State: NC Zip: _____

Electrician's Signature: Robert Owens

C. Mechanical Contractor Company Name: HAMILTONS HEAT & AIR State Lic# 15698
Phone: 552-9419 Address: 5209 SUGGS COURT
City: FUQUAY VARIANA State: NC Zip: 27526

HVAC Signature: John Hamilton

D. Plumbing Contractor Company Name: PRIORITY PLUMBING State Lic# 18550 CLASS 1
Phone: 639-7200 Address: P.O. Box 264
City: WILLOW SPRINGS State: NC Zip: 27592

Plumber's Signature: Stephen Jefferson

Part III - Manufactured Home Information

Model Year: 2009 Size: 32 x 80 # of Bedrooms 3
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 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.

Mark D. Cox
Signature of Home Owner or Agent

10 JUN 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 new or 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.

DAVID BANNISTER ENTERPRISES

D/B/A Greenfield Housing Center

2117 Highway 70 East
Gamer, North Carolina 27529
(919) 772-2220

BUYER(S) Brian E. Hellowell PHONE 910-893-9970 DATE 3-24-09

ADDRESS 318 Moore's Chapel Rd., Lillington, NC 27546 SALESPERSON

DELIVERY ADDRESS SAME

MAKE & MODEL Clanton MADISON M087 YEAR 09 BEDROOMS 4 FLOOR SIZE 76 W 32 L 80 W 32 STOCK NUMBER
 SERIAL NUMBER TBD NEW USED COLOR TAN PROPOSED DELIVERY DATE KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	OPTIONAL EQUIPMENT
CEILING	30			\$ 86,520 00	Improvements 24,300 00
EXTERIOR	11				
FLOORS	19				
SUB-TOTAL				\$	

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 Closing Costs 3,400 00

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

I HAVE RECEIVED A COPY OF FORM NC/NC	\$	NON-TAXABLE ITEMS
		VARIOUS FEES AND INSURANCE 122,525 00
		1. CASH PURCHASE PRICE
		TRADE-IN ALLOWANCE \$ 6,000 00
		LESS BAL. DUE on above \$ 0 00
		NET ALLOWANCE \$ 6,000 00
<u>Home as specified exhibit "A"</u>	<u>86,520 00</u>	CASH DOWN PAYMENT \$ 0 00
<u>Land Improvements</u>	<u>24,300 00</u>	CASH AS AGREED SEE REMARKS \$
<u>Administrative & contractor fees</u>	<u>1795 00</u>	2. LESS TOTAL CREDITS \$ 6,000 00
<u>Est. Closing Costs</u>	<u>3400 00</u>	SUB-TOTAL \$ 116,525 00
		SALES TAX (If Not Included Above)
		3. Unpaid Balance of Cash Sale Price \$ 116,525 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.

ESTIMATED RATE OF FINANCING 5.00 %
 NUMBER OF YEARS 30
 ESTIMATED MONTHLY PAYMENTS \$ 625.53 (P&I)

REMARKS: Seller to pay closing costs up to 3,400.00

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

DESCRIPTION OF TRADE-IN: 1980 YEAR 14 x 70 SIZE
 MAKE Nash MODEL Single wide BEDROOMS 3
 TITLE NO. SERIAL NO. COLOR
 AMOUNT OWING TO WHOM 0
 ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY DEALER 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.

DAVID BANNISTER ENTERPRISES DEALER SIGNED X Brian Hellowell BUYER
 Not Valid Unless Signed and Accepted by an Office of the Department or an Authorized Agent SOCIAL SECURITY NO. 291, 51, 9398
 By R. H. H. H. Approved SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____