Application # 15500 35922

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) enneth è l'enny Dixon Address: 1778 7504 Daytime Phone: 99 894-4414 State: NC Landowner Information (To be completed by landowner, if different than above) Address:__ Name: _____ Zip: _____ Daytime Phone: () City: _____ Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license) Mus Construction Set-Up Contractor Company Name: __A A. Address: 53 City: VUS State Lic# Email: **Electrical Contractor** Company Name: B. Address: State: Email: Mechanical Contractor Company Name: C. Address: MS State: Email: Plumbing Contractor Company Name: D. Address: State: Email: State Lic# Part III - Manufactured Home Information Complete & follow zoning criteria sheet Model Year: <u>2015</u> Size: <u>24 x 56</u> Lot Number: Park Name: I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, 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.

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

Signature of Home Owner or Agent

ACTORY EXPO HOME CENTER NC DOI Lic #36358

115 Titan Roberts Rd., PO Box 1829 • Lillington, NC 27546 • 1-800-504-3238

| BUYER 1 | Penny hardee Dixon | Penny hardee Dixon BUYER 2 Jesse kenneth Dixon | | |)N | DATE | 2 | | | |
|--|--|--|-------------------------|------------------------------|---|---------------------|----------------|----------------|---|--|
| MAILING ADDRESS | 1228 cobb road | Çn Y | oenson | | nc STATE | ^{ZIP} 2750 | 5 PHONE | 1-9 | 19-894-4414 | |
| DELIVERY ADDRESS | | CiT Y | | | STATE NC | ZIP | CELL | | | |
| DELIVERY | Harnett | WIND | ZONE | nd 70 | ne 1 | THERMAL ZONE | The | erm 7 | one 2 | |
| SALESPERSON THIS CONTRACT | | | | | nd Zone 1 ZONE Therm Zone 2 April 15, 2015 Appress | | | | | |
| MAKE & | Hildsheard by Charac | | EVISED FROM | YEAR | | BEDROOMS | 3 BATHS | 2 | DÉN 1 | |
| MODEL Hildebrand by Champion SERIAL 023.000.14.10007/RIMO NEW OUSED | | | | | R SIZE 24x | E (HITCH | 24460 | PPROX. | 1307 | |
| SERIAL NUMBER | 023-000-H-A00:21874 | | *** | Pot- | il Price | SIZE | 24200 | O. FT. | 60,074.00 | |
| NOTICE OF FINAL PAYMENT & CHANGE ORDERS Unpaid belance due in: Prior to Completion We understand that unless atherwise noted above the final balance is due prior to completion. If not paid 7 days prior to completion, balance must be paid in certified funds. Changes not be made via signed change order request, | | | | | ory Direct Dis | COURT | | 15 | (11,693.00) | |
| | | | | | Factory Direct Price Subtotal 1 \$ 48,380.00 | | | | | |
| | | | | | | | | | | |
| | | | | | endum "A" Up | grades | | \$ | 9,776.00 | |
| NOTICE OF COMPLETION | | | | | #1: Ciucount | for purchas | se of home | \$ | (5,000.00) | |
| I/We | understand that the approximate comple | etion month | for my home is: | | | | | 4 | | |
| | May | | | <u> </u> | | | | + | | |
| | understand that in the event VVVe are una | | • | <u></u> | | | | 1 | (4 154 AA) | |
| | e to my property within 12 days after home will be a \$20 per day storage charge that | • | | Misc | #5: | | 3.0% | \$ | (1,451.00) | |
| shipa | nant. In the event there is an extended per | nod of stora | ge time needed | Doc | mant Prants | ntion | | \$ | 395.00 | |
| | authorize Factory Expo Home Center Cor f-sile storage facility. LWYe understand tha | | | Document Preparation Freight | | | | \$ | 1,836.00 | |
| | are reappositive for any damage incurred a | | | | , | | | ╅ | • | |
| stora | on the x place | | | | | | | | | |
| | NOTICE OF FREIG | нт | | | | | | | | |
| l/We | understand that unless otherwise stated, I | the auated fo | reight price is | | | . , | Sub Tota | 12 \$ | 53,936.00 | |
| estim | ated for the current date and may not refle | ect fluctuatin | g fuel | | | | | 1 | 1 222 22 | |
| | erges, Department of Transportation high vay patrol secorist of Transportation high | | | Sale | Tax | | | \$ | 1,280.98 | |
| | livery site | , , , , , , , , , , , , , , , , , , , | | | | | To | tal \$ | 55,216.98 | |
| | CONSTRUCTION AUTHORIZATION | POGHOUN | F ONE) | | | | | + | | |
| This | s a cash transaction. I/We authorize Fecti | | | lacktriangledown | • | ** | | + | | |
| place | my/our home into the construction proces | ss and under | standing/10 | Dow | n Payment | | | - \$ | (7,500.00) | |
| X | mylour nome into the construction proces id befance must be paid prior to delivery fr | om une lacu. | 19. (V) | | - | | | | | |
| | <u> </u> | | | | | | Unpaid Balan | ce \$ | 47,716.98 | |
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| AY / | A Mun Sham | 5-19. | <i>15</i> s | IGNE | DX (Vana | Level | I Rim | <u> </u> | 5-18-15 | |
| | FACTORY EXPO HOME CENTER | <u> </u> | PURCHASE AC | Buyer REE | MENT | Jesse kanne | th Dixon | _ | Date 👯 | |
| Page | MANAGER REVIEW & ACCEPTANCE | æ | Printed 5/6/201 | | | | | | Apr 2015 | |

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 15-50035922 Date 5/21/15 Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Contractor Owner ______ ______ A PLUS CONSTRUCTION DIXON JESSE KENNETH 5369 US HWY 1 1228 COBB RD NC 27504 NC 28394 VASS BENSON (910) 690-9222 Applicant _______ DIXON MICHAEL 1328 COBB RD BENSON NC 27504 --- Structure Information 000 000 56X23.4 3 BDR DW Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00 # BEDROOMS MOBILE HOME YEAR 2015.00 SFD PROPOSED USE SEPTIC - EXISTING? WATER SUPPLY ______ Permit MANUFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1089390
Issue Date . . . 5/21/15 Valuation
Expiration Date . . 5/20/16 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1089408
Issue Date 5/21/15
Expiration Date . . 11/17/15 Valuation ______ Special Notes and Comments T/S: 04/16/2015 02:21 PM LBENNETT --HWY 27 TO COATS - CROSS OVER HWY 55- GO APPROX 1/4 MILE & TAKE LT. ON ORANGE ST. (ABATTIOR RD.) - 2 MILES TAKE RT. ON LIVE OAK - 3/4 MILE TAKE RT. ON BULLET RD. - GO TO STOP SIGN & TAKE LT.

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

| L F | .O. BOX ILLINGTO or Inspe ldg Insp | N, NC | 27546 Call: (910) 893-7525 Fax: (9 uled before 2pm available next | 10) 893-2793 business day | | | | | | | | |
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| Prop PARC Appl Subd | erty Add EL NUMBE ication ivision | ress R descri Name | | 9 OME RA 30 C | 3 5/21/15 RITERIA | | | | | | | |
| Required Inspections | | | | | | | | | | | | |
| Seq | Phone Insp# | | Description | Initials | Date | | | | | | | |
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| Perm | it type | | . LAND USE PERMIT | | | | | | | | | |
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HARNETT COUNTY CENTRAL PERMITTING