

Application # 41248

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: Shane & Erica Phipps Address: TBD Shelby Johnson Rd

City: Lillington State: NC Zip: _____ Daytime Phone: () _____

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

Name: SAMS 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: Freeman Mobil Home Movers

Phone: 336 215-1624 Address: _____

City: _____ State: _____ Zip: _____

State Lic# 2161 Email: _____

B. **Electrical Contractor** Company Name: Joey Hardin Electric

Phone: 910 740 6694 Address: _____

City: _____ State: _____ Zip: _____

State Lic# 19728 Email: _____

C. **Mechanical Contractor** Company Name: Swain Electric, Heating & Air

Phone: 336 685-9722 Address: _____

City: _____ State: _____ Zip: _____

State Lic# 130744 Email: _____

D. **Plumbing Contractor** Company Name: A+M Construction

Phone: 910 894 2191 Address: _____

City: _____ State: _____ Zip: _____

State Lic# 28648 Email: _____

Part III - Manufactured Home Information

Model Year: 2017 Size: X

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 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.

Shane Phipps Signature of Home Owner or Agent Erica Phipps Date 6/4/17

*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.

1207097

SALES AGREEMENT

DATE: 6/5/2017
BUYER(S): Shane Bruce Pipher

ADDRESS: 1301 RAY AV SANFORD NC 27330

DELIVERY ADDRESS: TBD SHERIFF JOHNSON ROAD LILLINGTON NC 27546

TELEPHONE: (919) 356-3413 SALES PERSON FULL NAME: Kristi Wilkie

BASE PRICE: \$110,258.36
State Tax: \$2,618.64
Local Tax: \$0.00

Make: CMH 2017 48 28 Model: 29OLY28684AH17
Year: N/A Length: N/A Width: N/A Stock#: RSO
Serial No.: OHC26671NCAB New Used

1. CASH PRICE \$112,877.00

TRADE: Make: N/A Model: N/A
Year: N/A Length: N/A Width: N/A Title #: _____

FILING FEES \$142.00

Serial No.: _____
Amount owed will be paid by: Buyer Seller
Owed to: _____

2. TOTAL PACKAGE PRICE \$113,019.00

OPTIONS: Heat pump.

Trade Allowance N/A
Less Amount Owed N/A
Trade Equity N/A
Cash Down Payment \$0.00

SELLER RESPONSIBILITIES: Deliver and set, permits, septic, well up to 200 feet not to exceed 5500, 3 sets 4x5 wooden steps, electrical and plumbing hookups, split face block foundation, seller to pay closing costs up to 6 percent

BUYER RESPONSIBILITIES: Establish account with the power company and contact the power company when the home gets delivered.

3. LESS ALL CREDITS \$0.00

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

4. REMAINING BALANCE \$113,019.00

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 4.20% NUMBER OF YEARS 30 ESTIMATED MONTHLY PAYMENTS \$561.85

Location	Type of Insulation	Thickness	R-Value
Floors	fiberglass	7.00	22
Exterior	fiberglass	3.50	11
Ceilings	blown cellulose	7.00	33

This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.

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.

SELLER:	BUYER:
<i>Kristi Wilkie</i> CMH Homes, Inc. d/b/a -	Signature of: <u>Shane Bruce Pipher</u>
<i>Sales Manager</i> CLAYTON HOMES SANFORD, NC 1921 KELLER ANDREWS RD SANFORD NC 27330	Signature of: _____
	Signature of: _____
	Signature of: _____



HARRIS COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 17-50041248 Date 6/05/17
 Property Address 1056 SHERIFF JOHNSON RD
 PARCEL NUMBER 11-0681- - -0005- -09-
 Application type description CP MANUFACTURED HOME RA 30 CRITERIA
 Subdivision Name NINA BARNES
 Property Zoning RES/AGRI DIST - RA-30

Owner

 PIPHER SHANE B & JUDITH E
 1301 RAY AVE
 SANFORD NC 27330

Contractor

 FREEMAN MOBILE HOME MOVERS INC
 9015 RACIN ROAD
 PLEASANT GARDEN NC 27313
 (336) 685-4140

Applicant

 CLAYTON HOMES
 1921 KELLER ANDREWS RD
 SANFORD NC 27332
 (336) 460-0329

--- Structure Information 000 000 32X76 DWMH 4BDR
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 4.00
 MOBILE HOME YEAR 2017.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? NEW SEPTIC
 WATER SUPPLY NEW WELL

Permit MANUFACTURED HOME PERMIT
 Additional desc
 Phone Access Code 1194448
 Issue Date 6/05/17 Valuation 0
 Expiration Date 6/05/18

Permit LAND USE PERMIT
 Additional desc
 Phone Access Code 1194430
 Issue Date 6/05/17 Valuation 0
 Expiration Date 12/02/17

Special Notes and Comments
 T/S: 04/26/2017 12:34 PM LBENNETT --
 SHERRIFF JOHNSON RD
 N MAIN ST - RIGHT ON COATS RD - SHERRIF
 JOHNSON RD ON RIGHT

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___