

Application # 17-50042312

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: Benjamin Murray Address: 1810 Matthews Rd.
City: Lillington State: NC Zip: 27546 Daytime Phone: 919-630-7767

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

Name: same as 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:** Dale Walters
Phone: 252-559-0389 Address: 1244 Grays Mill Rd.
City: Snow Hill State: NC Zip: 28580
State Lic# 2172 Email: n/a
- B. **Electrical Contractor Company Name:** Barron Electric
Phone: 252-559-1895 Address: 3146 Brooks Farm Rd.
City: Gripton State: NC Zip: 28530
State Lic# 19604-L Email: n/a
- C. **Mechanical Contractor Company Name:** Richard Koonce
Phone: 252-260-4437 Address: 3791 Old Pink Hill Rd.
City: Pink Hill State: NC Zip: 28572
State Lic# 3731 Email: n/a
- D. **Plumbing Contractor Company Name:** Mike Lewis
Phone: 252-939-4783 Address: PO Box 1587
City: Swainsboro State: NC Zip: 28584
State Lic# 26017-EI Email: n/a

Part III - Manufactured Home Information

Model Year: 2017 Size: 28x72 **Complete & follow zoning criteria sheet**

Park Name: n/a Lot Number: n/a

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.


Signature of Home Owner or Agent

9/25/17
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.

SETUP

04/11

BUYER(S) Benjamin L Murray		PHONE 919-630-7767		DATE 8/18/17	
ADDRESS 1810 Matthews Rd. Lillington NC 27546					
DELIVERY ADDRESS 1810 Matthews Rd. Lillington NC 27546					
SALESPERSON Kimberly Rayner					
MAKE & MODEL Clayton Tru		YEAR 2017	BEDROOMS 4	FLOOR SIZE 168	HITCH SIZE 172
SERIAL NUMBER CW033743TVAB		COLOR Silk		PROPOSED DELIVERY DATE ASAP	STOCK NUMBER
LOCATION		R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING					92,723.00
EXTERIOR					OPTIONAL EQUIPMENT Inc
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.18.					SUB-TOTAL 92,723.00
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES					SALES TAX 2,203.00
LAND					NON-TAXABLE ITEMS Closing 4,000.00
SEPTIC * Estimate					VARIOUS FEES AND INSURANCE
WATER METER 2 inch					CASH PURCHASE PRICE \$98,926.00
FOOTERS					TRADE-IN ALLOWANCE \$
SET UP up to 36 inches					LESS BAL. DUE on above \$
SIDEWALL PIERS Sirewall					NET ALLOWANCE \$
TRIM WORK					CASH DOWN PAYMENT \$
HEAT PUMP					CASH AS AGREED \$
ELECTRICAL WIRING					LESS TOTAL CREDITS \$
STEPS 2 sets					SUB-TOTAL \$
BRICK VINYL UNDERPIN					SALES TAX (If Not Included Above)
PLUMBING HOOK-UP add 300 Ft					Unpaid Balance of Cash Sale Price \$98,926.00
SURVEY					Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement 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.
2-10 WARRANTY					ESTIMATED RATE OF FINANCING _____ %
SOA TREATMENT					NUMBER OF YEARS _____
FLAG LOT / SURVEY					ESTIMATED MONTHLY PAYMENTS \$ _____
FOUNDATION CERTIFICATION					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 AGREEMENT.
FINAL INSPECTION/permits (moving)					BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.
CONSTRUCTION LOAN FEE					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.
Driveway tile x 2 (18 inch)					
Vapor Barrier					
Gravel (100 yds @ 12ft wide)					
* seller will pay 4,000 towards closing costs					
Seller may contribute up to _____ % toward closing costs, prepaid items, or broker non-allowed fees.					
Buyer and Seller agree to participate in _____ in the amount of _____ plus a fee.					
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$					
NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE					
DESCRIPTION OF TRADE-IN					
MAKE	MODEL	YEAR	SIZE	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					

FIRST CHOICE HOMES, INC.

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

SIGNED X Benjamin L Murray BUYER
 SOCIAL SECURITY NO. _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____

500NC

A PLAIN LANGUAGE PURCHASE AGREEMENT

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Rev 08/14

ORIGINAL

FIRST CHOICE

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