

Cumberland County Planning & Inspection Dept.  
PO Drawer 1829, Fayetteville, NC 28302-1829  
(910)321-6636 FAX (910)321-6637

**APPLICATION FOR PERMIT  
MANUFACTURED HOME**

**NOTE: Incomplete applications will not be processed**

<b>Parcel #</b> _____	<b>OFFICE USE: Zoned</b> _____ <b>Corner Lot</b> _____
<b>PROJECT ADDRESS</b> _____ <b>City</b> _____ <b>St</b> _____ <b>Zip</b> _____	
<b>Subd/Development/Park</b> _____ <b>Lot</b> _____ <b>Bldg</b> _____ <b>Unit</b> _____	
<b>Directions:</b> _____	
<b>PROPERTY OWNER</b> _____ <b>Phone #</b> _____	
<b>Prop. Owner's Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	
<b>MANF. HOME OWNER:</b> _____ <b>Phone #:</b> _____	
<b>Current Address:</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	
<b>MANF. HOME DEALER:</b> _____ <b>Phone #:</b> _____	
<b>VIN:</b> _____ <b>YEAR:</b> _____ <b>SIZE:</b> _____ <b>COLOR:</b> _____	
<input type="checkbox"/> <b>A deck will be constructed which exceeds 36 sq. ft. : Sq Ft</b> _____ <b>Cost of Work \$</b> _____ (Additional fee will be charged)	
<b>SETUP CONTRACTOR:</b> _____ <b>Phone #</b> _____	
<b>Street Address:</b> _____ <b>License #</b> _____	
<b>ELECTRICAL CONTRACTOR:</b> _____ <b>Phone #</b> _____	
<b>Street Address:</b> _____ <b>License #</b> _____	
<b>PLUMBING CONTRACTOR:</b> _____ <b>Phone #</b> _____	
<b>Street Address:</b> _____ <b>License #</b> _____	
<b>HTG &amp; A/C CONTRACTOR:</b> _____ <b>Phone #</b> _____	
<b>Street Address:</b> _____ <b>License #</b> _____	
<b>WATER: Public</b> _____ <b>Provider</b> _____ <b>Well</b> _____ <b>Prmt #</b> _____ <b>SEWER: Public</b> _____ <b>Provider</b> _____ <b>Septic</b> _____ <b>Prmt#</b> _____	
<b>I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code, Manufactured Home Regulations and all other applicable State and local laws, ordinances and regulations. I understand that electrical service will not be provided to this Home until all requirements of the codes have been met. Health Dept. approval shall be on site at time of final inspection.</b>	
<b>Applicant is:</b> <u>  </u> <b>Owner</b> <u>  </u> <b>Occupant</b> <u>  </u> <b>Dealer</b> <u>  </u> <b>Other</b> _____	
<b>Applicant Signature:</b> _____ <b>Date</b> _____	
<b>METHOD OF PAYMENT:</b> Cash <u>  </u> Check <u>  </u> MasterCard <u>  </u> Visa <u>  </u> <b>FEES:</b> Manufactured Home/ <u>  </u> Setup only \$ _____	
Acct#/Ck# _____ Exp. Date _____    Deck over 36 sq. ft. \$ _____	
<b>TOTAL FEE</b> \$ _____	
(PURSUANT TO NCGS 25-3-506, A PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)	
<b>FOR OFFICE USE ONLY</b> Flood Certification Required <u>  </u> <b>SETBACKS:</b> Front _____ Rear _____ Left _____ Right _____	
<u>  </u> To be sited in accordance with approved site plan. <u>  </u> Minimum setbacks as indicated	
<b>COMMENTS:</b> _____	
<b>Zoning:</b> _____ <b>Date:</b> _____	