

APPLICATION FOR PERMIT
MANUFACTURED HOME

NOTE: Incomplete applications will not be processed

Tax Parcel Number _____ Park/Subdivision Name _____ Lot # _____

Project Street Address _____ City _____ State _____ Zip _____

Property Owner: _____ Phone #: _____

Property Owner's Address: _____ City _____ State _____ Zip _____

Manufactured Home Owner: _____ Phone #: _____

Current Address: _____ City _____ State _____ Zip _____

Manf. Home Dealer: _____ Phone #: _____

Tenant Name: _____ Phone #: _____ VIN: _____

Year: _____ Make: _____ Size: _____ Color: _____

If Home is being moved from within Cumberland County, list previous address: _____

☐ A landing/deck will be constructed which exceeds 36 square feet. Cost of Work \$ _____ (Additional fee will be charged)

Set Up Contractor: _____ Phone # _____

Street Address: _____ License # _____

Electrical Contractor: _____ Phone # _____

Street Address: _____ License # _____

Plumbing Contractor: _____ Phone # _____

Street Address: _____ License # _____

Htg. & A/C Contractor: _____ Phone # _____

Street Address: _____ License # _____

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.

Applicant/Owner/Agent Name

Printed Name

Date

METHOD OF PAYMENT: _____ Cash _____ Check # _____

Credit Card: _____ Visa _____ MasterCard _____ Acct.# _____

Exp. Date _____ V Code _____ Billing Address St. # _____ Zip _____

FEES: Manufactured Home \$ _____

Deck over 36 sq. ft. \$ _____

TOTAL FEE \$ _____

(PURSUANT TO NCGS 25-3-506, A PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)

FOR OFFICE USE ONLY

ZONE: _____ Corner Lot: ☐ Flood Certification Required ☐

SETBACKS:

Front _____ Rear _____ Side-Left _____ Right _____

_____ Structured to be placed in accordance with approved site plan.

_____ Minimum setbacks as indicated.

COMMENTS: _____

Water: _____ Existing _____ New
_____ Public _____ Well (# _____)

Sewer: _____ Existing _____ New
_____ Public _____ Septic (# _____)

Zoning: _____ Date: _____