



MANUFACTURED/MOBILE HOME/RV PERMIT APPLICATION

Property Owner: _____ Permit #: _____
 STRAP #: _____ Lot: _____ Block: _____ Unit: _____
 Job Address: _____ Subdivision: _____
 Directions to job: _____

Contractor Business Name / Applicant Name : _____
 License Number: _____ Phone : _____
 Email Address: _____

Permit Requested: New Replacement MH Tie down RV Tie down PM Tie down
 Construction Value: \$ _____ *If over \$2500 a NOC and Building Addendum is required.
 Estimated Sq.Ft: _____
 Are you using Private Provider services for Plan Review? No Yes Inspections? No Yes

SUB INFORMATION

Elec. Amps: _____ A/C: Seer: _____ KW: _____ Tons: _____
 Plumbing: No Yes A/C Duct Only: No Yes
 Water Well / Septic: Sewer Tie-down Details Mastered? No Yes
 Shutters: No Yes Master #: _____
 Roof: _____ County-Maintained Road: No Yes
 Driveway: Single or Double Type of Skirting: _____

SITE FILL GRADING AFFIDAVIT

Will the final grade of the lot on this project exceed 18 inches above the crown of the road or any adjacent developed lot?
 YES NO

If YES, a Site Grading Plan complying with the LDC Section 34-3104 must accompany the permit application.

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true & correct, & complies with Deed of Restrictions.

Signature Authorization: _____ Date: _____

Printed Name (required for hand signatures only): _____