



323 Martin L King Jr Blvd S
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 Estill, SC 29918
 803-625-3243

MANUFACTURED HOME PERMIT APPLICATION

***** OWNER/AGENT ARE RESPONSIBLE FOR CHECKING ANY DEED RESTRICTIONS AND COVENANTS *****

OFFICE USE ONLY

APPLICATION SUBMITTAL DATE: _____

FACILITATOR'S INITIALS

ZONING APPROVED: YES _____ NO _____

PERMIT TYPE:

MOVE & SET UP

MOVE OUT OF COUNTY

CURRENT LOCATION OF MANUFACTURED HOME:

PARCEL #:

STREET ADDRESS OF MANUFACTURED HOME:

CITY:

STATE:

ZIP:

SUBDIVISION/MANUFACTURED HOME PARK NAME:

LOT #:

MANUFACTURED HOME OWNER'S INFORMATION:

HOME OWNER'S NAME:

HOME OWNER'S PHONE # WITH AREA CODE:

HOME OWNER'S STREET ADDRESS:

CITY:

STATE:

ZIP:

HOME OWNER'S MAILING ADDRESS:

CITY:

STATE:

ZIP:

HOME OWNER'S EMAIL ADDRESS:

PROPERTY OWNER'S INFORMATION (if different from manufactured home owner):

PROPERTY OWNER'S NAME:

PROPERTY OWNER'S PHONE # WITH AREA CODE:

PROPERTY OWNER'S STREET ADDRESS:

CITY:

STATE:

ZIP:

PROPERTY OWNER'S MAILING ADDRESS:

CITY:

STATE:

ZIP:

PROPERTY OWNER'S EMAIL ADDRESS:

CONTRACTOR / MANUFACTURED HOME DEALER:

CONTRACTOR / MANUFACTURED HOME DEALER'S NAME:

PHONE # WITH AREA CODE:

CONTRACTOR / MANUFACTURED HOME STREET ADDRESS:

CITY:

STATE:

ZIP:

CONTRACTOR / MANUFACTURED HOME MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTRACTOR / MANUFACTURED HOME DEALER'S EMAIL:

MOBILE HOME DESCRIPTION:

YEAR:	MANUFACTURER:	MODEL:	
SIZE:	COLOR:	VIN NUMBER:	
# OF BEDROOMS:	# OF BATHROOMS:	# OF FIREPLACES:	CONDITION OF HOME: NEW <input type="checkbox"/> USED <input type="checkbox"/>
ROOFING MATERIAL:	FOUNDATION/UNDERPIN:	EXTERIOR FINISH:	
HEAT SOURCE: ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OTHER _____	AIR CONDITIONING: YES <input type="checkbox"/> NO <input type="checkbox"/>		
PURCHASE DATE:	SALE AMOUNT:		

NEW LOCATION WHERE MANUFACTURED HOME IS BEING MOVED TO:

STREET ADDRESS OF MANUFACTURED HOME:	PARCEL ID #:	
CITY:	STATE:	ZIP:
SUBDIVISION / MANUFACTURED HOME PARK NAME:	LOT#:	

UTILITIES:

POWER COMPANY:	GAS COMPANY:	
WATER: WELL <input type="checkbox"/> PUBLIC <input type="checkbox"/>	SEWER: NEW <input type="checkbox"/> EXISTING <input type="checkbox"/>	SEPTIC: NEW <input type="checkbox"/> EXISTING <input type="checkbox"/>

MANUFACTURED HOME PERMIT

SIGNATURE:

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.

APPLICANT'S NAME (printed):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE # WITH AREA CODE:	
APPLICANT'S SIGNATURE:		

