



# MOBILE HOME PERMIT SET-UP APPLICATION

Permit no.	Receipt No.	Permit Fee	Date Permit Issued	Issued By
		\$		

LOCATION OF MOBILE HOME			
Address	City	State	Zip Code

TAX MAP		MOBILE HOME PARK		
Page	Block	Lot	Name	Lot

NAME	MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE
OWNER				
APPLICANT				

SELECTED CHARACTERISTICS OF WORK		
<p>NATURE OF WORK</p> <p><input type="checkbox"/> 1. New Mobile Home Set-Up</p> <p><input type="checkbox"/> 2. Moving/Relocation</p> <p><input type="checkbox"/> 3. Other _____</p> <p>Dimensions: _____ <b>X</b> _____</p>	<p>SOURCE OF WATER SUPPLY:</p> <p>_____</p> <p>SOURCE OF SEWAGE DISPOSAL (permit number):</p> <p>_____</p>	<p><b>Description of Mobile Home:</b></p> <p>Make _____</p> <p>Model _____</p> <p>Year _____</p> <p>Serial Number _____</p> <p>Decal Number _____</p> <p>Electrical Company _____</p>

ZONING APPROVAL	FLOOD PLAIN DATA
<p>SETBACKS (feet):</p> <p>Front Yard _____ required _____ provided</p> <p>Side Yard _____ required (total)</p> <p style="padding-left: 20px;">with no side less than _____ provided</p> <p>Secondary _____ required _____ provided</p> <p>Rear Yard _____ required _____ provided</p> <p>Any previous requests for variance/special exception?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Case No. _____</p> <p>Verified by: _____</p>	<p>FLOOD PLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WETLANDS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Verified by: _____</p>

### AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted or continued if the permit card is destroyed, lost or stolen.
2. This permit is void if job is not started within 6 months of application date.
3. Contractor and subcontractors will secure (if required) a business license before beginning work.
4. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.
5. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes or laws, and that any omission of or misrepresentation of fact without intention of the undersigned or any alteration of change from this application without the approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The permit does not authorize any encroachment upon public property.

Signature of Applicant	Email Address	Date
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# Manufactured Home Checklist

## Permits Division

Please obtain these approvals in order to complete the application process.  
(If you are not the land property owner, documentation is required from the land property owner)

### 1<sup>st</sup> Floor County Building

1. Zoning: 803-576-2190

2. Addressing: 803-576-2147

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- Approved
- Disapproved

- Approved
- Disapproved

Comments: \_\_\_\_\_

### 2nd Floor County Building

3. Mobile Home Division: 803-576-2650

(Proof of Ownership: Title or Bill of Sale) (\$5.00 Decal Fee)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Approved
- Disapproved

Decal # \_\_\_\_\_ Comments: \_\_\_\_\_

### 1st Floor County Building

4. Permits Division: 803-576-2140

(\$142.18 Permit Fee)  DHEC (septic tank approval letter)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Approved
- Disapproved

Comments: \_\_\_\_\_

**IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE ALL ABOVE ITEMS HAVE BEEN CHECKED OFF (VERIFIED OR REQUIRED).**