MANUFACTURED HOME 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	License No
LAND OWNER					
MOBILE HOME OWNER					

SELECTED CHARACTERISTICS OF WORK

NATURE OF WORK

- ☐ 1. New Mobile Home Set-Up
- ☐ 2. Moving/Relocation Decal No._____
- ☐ 3. Date Moved _____
- ☐ 4. Manufactured Home Park

Dimensions:_____X_____

SOURCE OF WATER SUPPLY:

_____

SOURCE OF SEWAGE DISPOSAL (permit number):

_____

Description of Mobile Home:

Make/Model _____

Year/Color _____

Serial Number _____

New Decal Number _____

Electrical Company _____

Moving Company _____

ZONING APPROVAL

SETBACKS (feet):

Front Yard_____ required _____ provided

Side Yard_____ required (total)

with no side less than_____ _____ provided

Secondary_____ required _____ provided

Rear Yard _____ required _____ provided

Any previous requests for variance/special exception?

☐ Yes ☐ No If "yes", Case No. _____

MOVING FROM LOCATION:

_____

OLD DECAL NUMBER: _____

PREVIOUS COUNTY TREASURER'S SIGNATURE:

FLOOD PLAIN DATA

Elevation of 100 year Flood _____

First Floor Elevation Above Mean Sea Level

_____Feet

Verified by: _____

Signature

Panel _____ Community panel _____

Date _____

Zone _____ SFHA _____

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. No work will be continued if permit card is destroyed, lost or stolen.
3. Contractor and subcontractors will secure (if required) a business license before beginning work.
4. This permit is void if job is not started within 6 months of application date.
5. 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.
6. 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 Address Date

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)

1st Floor County Building

1. Zoning, 803-576-2180

Signature: _____
Date: _____

☐ Approved
☐ Disapproved

2. Addressing, 803-576-2147

Signature: _____
Date: _____

☐ Approved
☐ Disapproved

Comments: _____

2nd Floor County Building

3. Mobile Home Division, 803-576-2640
(Proof of Ownership: Title or Bill of Sale)

Signature: _____ **Date:** _____

☐ Approved
☐ Disapproved

Comments: _____

4. Treasurer, 803-576-2250
($5.00 Decal Fee)

Signature: _____ **Date:** _____

☐ Approved
☐ Disapproved

Comments: _____

1st Floor County Building

5. 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).