

SAMPSON COUNTY INSPECTIONS & PLANNING DEPARTMENT

MOBILE HOME PERMIT APPLICATION



APPLICANT INFORMATION

Applicant Name _____
Project Address _____ Phone: _____
E-mail: _____

MOBILE HOME INFORMATION

RENTAL OTHER ZONING PERMIT NUMBER _____ SINGLEWIDE
 PERMANANT RESIDENCE SEPTIC PERMIT NUMBER _____ VINYL/METAL SKIRTING

DOUBLEWIDE BRICK SKIRTING VINYL/METAL SKIRTING
Poured footings? _____ ***If yes, please attach a copy of the footing diagram***

1. NUMBER OF BEDROOMS _____ 5. COST _____
2. NUMBER OF BATHROOMS _____ 6. YEAR _____
3. DIMENSIONS _____ 7. SERIAL # _____
4. MAKE _____

WHO WILL BE DOING THE WORK?

Please list below who will be completing the Set-up, Electrical, Plumbing & Mechanical work.

YOU MUST HIRE A LICENSED CONTRACTOR TO DO THE WORK UNLESS YOU WILL BE LIVING IN THE MOBILE HOME FOR AT LEAST 1 YEAR AFTER THE CERTIFICATE OF OCCUPANCY IS ISSUED.

SETUP CONTRACTOR

NAME: _____ LICENSE # _____
ADDRESS: _____ Phone: _____
EMAIL: _____

ELECTRICAL CONTRACTOR

HIRING A CONTRACTOR? *If you plan to hire a contractor to do the electrical work, complete the information below.*

SELF? *If you plan to complete the electrical work yourself, check the box & attach the notarized owner affidavit.*

NAME: _____ LICENSE # _____
ADDRESS: _____ Phone: _____
EMAIL: _____

MOBILE HOME PERMIT APPLICATION

PLUMBING CONTRACTOR

HIRING A CONTRACTOR? *If you plan to hire a contractor to do the plumbing work, complete the information below.*

SELF? *If you plan to complete the plumbing work yourself, check the box & attach the notarized owner affidavit.*

NAME: _____ LICENSE # _____

ADDRESS: _____ Phone: _____

EMAIL: _____

MECHANICAL *There must be a permanant heat source

NO MECHANICAL? *If the property will not have central heating and air, check this box.*

HIRING A CONTRACTOR? *If you plan to hire a contractor to do the electrical work, complete the information below.*

SELF? *If you plan to complete the electrical work yourself, check the box & attach the notarized owner affidavit.*

NAME: _____ LICENSE # _____

ADDRESS: _____ Phone: _____

EMAIL: _____

WATER & SEWER PROVIDER Select one of the options for water service AND attach the request information

NEW WELL

SHARE WELL

EXISTING WELL

COUNTY WATER

TOWN WATER

NEW SEPTIC SYSTEM

EXISTING SEPTIC SYSTEM

TOWN SEWER

WHO IS YOUR POWER COMPANY?

DUKE ENERGY

SOUTH RIVER EMC

FOUR COUNTY ELECTRIC

ADDITIONAL REQUIREMENTS

- The mobile home must be 1976 or newer to be moved into Sampson County
- Attach a copy of the Form 500/Bill of Sale (Only If purchased from a Mobile Home Dealership)
- For Used Mobile Homes, attach a copy of the Mobile Home Title OR Registration (Must be in the current homeowner's name) AND the Mobile Home Tax Permit

The undersigner declares the above listed information is true and shall comply with the North Carolina State Building Codes and all other applicable state and local laws, ordinances, and regulations. The undersigner also declares all subcontractors for this project have been notified of their contractual obligation to this project. This application does not become a permit until it has been approved by a Sampson County Building Inspections Department and all applicable fees have been paid.

PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE

DATE