



MANUFACTURED/MOBILE HOME/RV PERMIT APPLICATION

Property Owner: _____ Permit #: _____

Strap#: _____

Job Address: _____

Description of work: _____

Contractor Business Name / Applicant Name: _____

License #: _____ Phone #: _____ Email: _____

Construction Value: \$ _____ *If construction value exceeds \$5000, a Notice of Commencement will be required.*

Directions: _____

Are you using Private Provider services for Plan Review? Yes No Private Provider Inspections? Yes No

Estimated Sq Ft: _____ Will Contractor Credits be used? Yes* No

**This will require the [Impact Fee Credit Usage Authorization Form](#) to be submitted.*

TYPE OF PERMIT (select one):			
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Recreational Vehicle	<input type="checkbox"/> Park Model	<input type="checkbox"/> Impact Fee Repayment
			<input type="checkbox"/> Temporary Housing (Mobile Home)
IMPROVEMENT TYPE (select one):			
<input type="checkbox"/> New	<input type="checkbox"/> Remodel Only	<input type="checkbox"/> Replacement	
ADDITIONAL REQUIRED INFO:			
Tie-Down Details Mastered? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If Yes, please enter Master Number below:</i> Master Number: _____	Is the site located in a Mobile Home Park? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drainage Plan Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	DCA: <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <div style="text-align: center;"><input type="checkbox"/> Yes* <input type="checkbox"/> No</div> <i>*If YES, a Site Grading Plan complying with the LDC Section 34-3104 must accompany the permit application.</i>			
SUB INFORMATION			
Electrical Amps:	A/C (Mechanical):		County-Maintained Road:
Roof Type:	Seer: _____ KW: _____ Ton: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shutters: <input type="checkbox"/> Yes <input type="checkbox"/> No	A/C Duct Only: <input type="checkbox"/> Yes <input type="checkbox"/> No		Driveway: <input type="checkbox"/> Single <input type="checkbox"/> Double

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 HERBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUBMITTED FOR THIS PERMIT IS TRUE AND CORRECT, AND COMPLIES WITH DEED OF RESTRICTIONS.

Signature Authorization: _____ Date: _____

Print Name (Required for hand signatures only): _____