

Manufactured Home Permit Application

HERTFORD COUNTY CODE ENFORCEMENT
Building Inspections
307 W Tryon St. • PO Box 424 Winton, NC 27986
Office: (252) 358-7814 • Fax: (252) 358-1241

Project Address: _____ Parcel # _____

If this is a mobile home park, please give name of park: _____ Lot # _____

Property Owner: _____ Phone # (____) _____ - _____

Address: _____ Email: _____

Electric Utility Provider: Dominion REA

Description of Manufactured Home:

Model Year: _____ Make: _____ Size: _____ Serial # _____

Single Wide ___ Double Wide ___ Triple Wide ___ N/A ___ Other _____

Number of Bedrooms: _____ Number of Baths: _____

Stoops/Porches/Decks Sizes: Front: _____ Back: _____

Manufactured Home Dealer: _____ License #: _____

Address: _____ Phone #: _____

Email: _____

Set up Contractor: _____ License #: _____

Address: _____ Phone #: _____

Email: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances, and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. • Permits expire 6 months after the issue date if no inspections are requested. Permits also expire when work has started but discontinued for 12 months from the last inspection date.

Applicant Signature: _____ Date: _____

ALL PERMIT FEES ARE NON-REFUNDABLE - Checks payable to: Hertford County Inspections – Cash/Check ONLY

For parcel numbers go to https://maps.roktech.net/ROKMAPS_Hertford/ • All trades must sign & purchase permits separately
THIS PERMIT IS FOR SET UP ONLY

The following items MUST be attached with this application for review:

- Zoning Permit Health Permit/Confirmation of Utilities (water/sewage) Contract/Title/Bill of Sale JNC Contractor's License
- Approved Plans/Set-up Manual Lien Agent Report (if over \$30,000) Tax Moving Permit (if moving home to another property)

Permit Application Fees (office use only):

Single Wide \$100.00 _____ Double Wide \$150.00 _____ Triple Wide \$200.00 _____

Total: \$ _____ Cash/Check #: _____ Paid By: _____ Date Received: _____ Received By: _____