

County of Martin Mobile Home Permit Application
(252)789-4310 Fax (252) 789-4314

Date _____/_____/_____

Owner Name: _____ Phone # _____
_____/_____(_____)_____

Mailing Address:

Address of Setup (IF IN PARK, GIVE NAME) _____ Cost _____
_____/_____\$_____

Is Lot Rented (Y/N) _____ If YES, Name of Owner and Address _____
_____/_____

If NO, Tax Parcel ID # (REQUIRED) _____ City Limits _____ Zoning Permit # _____ Septic Record # _____
_____/_____/_____/_____

Flood Zone _____ Manufacturer _____ Model _____ Year _____ Serial # (Not VIN #) _____
_____/_____/_____/_____/_____

Size _____ S.W., D.W., T.W. _____ Bedrooms _____ Baths _____ Under Pin (Brick/Vinyl) _____ Home Color _____
____x_____/_____/_____/_____/_____

Dealer Address _____ Phone and Fax _____
_____/_____(_____)_____(_____)_____

Setup Contractor _____ License # _____ Phone# _____
_____/_____/_____(_____)_____

Electrical Contractor _____ License # _____ Phone# _____
_____/_____/_____(_____)_____

Service Size _____ Utility Provider _____ Overhead or Underground Service _____
____Amp_____/_____

Mechanical Contractor _____ License # _____ Phone# _____
_____/_____/_____(_____)_____

A/C Tons _____ Heat BTU _____ Unit Type (Gas, Elec, HP) _____ Split System(Y/N) _____
____or_____/_____

If addressing is found to be incorrect due to not following these procedures, a \$50 fine will be given. Applicant is responsible for the following:

Structure Address must be assigned by the County Tax Assessors Office (252-789-4350)

Address must be verified by the County 911 Addressing Coordinator (252-789-4559)

Address must be posted prior to request for power. Numbers are to be 3" in height, reflective in nature, visible from both directions on the roadway. Driveways/Roads to home must be in good condition.

Applicant Name & #: _____ Dealer / Owner _____