

Permit # _____

RED SPRINGS INSPECTION DEPARTMENT

PO Box 790, Red Springs, NC 28377

MOBILE HOME SET-UP PERMIT

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

STREET

CITY

STATE

IS BUILDING TO BE: OWNER OCCUPIED _____, LEASED _____, RENTED _____, OR SOLD _____

CONTRACTOR'S NAME: _____ PHONE # _____

MAILING ADDRESS _____

STREET

CITY

STATE

NC LICENSES _____ JOB NAME OR NUMBER _____

PROPOSED LOCATION: _____

E-911 ADDRESS

TAX PARCEL ID # _____

IS SITE LOCATED IN A FLOOD HAZARD AREA? YES _____ NO _____ IF SO, WHAT ZONE? _____

TYPE OF MOBILE HOME: () SINGLEWIDE () DOUBLEWIDE () TRIPLE WIDE

SERIAL # _____ MODEL _____ COST _____

YEAR _____ SIZE _____ X _____ NUMBER OF BEDROOMS _____ NUMBER OF BATHS _____

MANUFACTURER _____

Request for inspections can be made by contacting the Red Springs Inspections Department between 8:00am & 5:00pm Monday thru Friday. The phone number is (910)843-5241 ext. 226

I hereby certify that all information in the application is correct and all work will comply with the NC State Regulations for Manufactured Homes Code and all other applicable State and local laws, ordinances and regulations. I will notify the Red Springs Inspection Department in the event there are any changes in the approved plans of this project.

Application Fee \$50.00 plus \$5.00 Technology Fee

Singlewide @ \$25.00 ()

Doublewide @ \$50.00 ()

each additional section @ \$25.00 ()

Footers @ @ 50.00 ()

Total fee to be paid \$ _____

Owner/Contractor Signature

Date of Application