

TOWN OF SPRING LAKE MOBILE HOME PERMIT APPLICATION

PERMIT NO: MH- _____

Complete address where work will be performed: _____
Mobile Home Park Name: _____ Lot No: _____ Spring Lake, NC. 28390
Zoning Class _____

Mobile Home Owner's Name: _____
Property Owner's Address: _____ Phone No: _____

Set Up Contractor's Name: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____

Electrical Contractor: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____

Mechanical Contractor: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____

Plumbing Contractor: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____

MOBILE HOME INFORMATION

Make of Mobile Home: _____ New ____ Used ____
Size of Mobile Home: _____ Mobile Home Serial Number: _____
Electrical Service Size: _____ AMPS
Year of Manufacture: _____
 Single Wide Double Wide Modular Construction Trailer **Technology Fee \$ 5.00**
Total Permit Fees \$ _____

Comments: _____

YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.
CALL INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE AN INSPECTION.

The Manufacturer's Instruction Manual for setup must be available for all inspections at the mobile home/modular home.

The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.

Approved by _____ Date _____

Disapproved by _____ Date _____