

**GEORGETOWN COUNTY
DEPARTMENT OF PLANNING & DEVELOPMENT
BUILDING DIVISION**

129 Screven Street
PO Drawer 421270
Georgetown, SC 29442
Office #: (843) 545-3116
Fax # (843) 545-3296
Email: bldpermits@gtcounty.org

**Application for Retirement of a
Manufactured Home Title**

***Denotes Required Fields**

DATE RECEIVED:

OWNER'S NAME:

MANUFACTURED HOME LOCATION INFORMATION	
*Street Address:	Section of County/Subdivision:
Tax Map #:	Lot #: Block #:
MANUFACTURED HOME OWNER INFORMATION	
*Name:	*Phone:
*Address:	*Email:
ADDITIONAL INFORMATION	
*Assessor's Office Registration Number:	

I certify that the manufactured home at the above location is permanently affixed or is to be permanently affixed to the above described real property. I understand that the manufactured home must be installed in accordance with the State required installation standards, with wheels, axles, and towing hitch removed and with the owner of the home having an intention that the manufactured home will become an improvement to the real property whereon it is situated.

*Owner/Agent Signature: _____ *Date: _____

*Print Name: _____

FOR OFFICE USE ONLY
\$50.00 Fee Paid _____
Cash or Check# _____