

MOBILE HOME PERMIT APPLICATION
BUILDING DEPARTMENT - 545-3116
THIS IS NOT A MOBILE HOME CERTIFICATE OF OCCUPANCY PERMIT

DATE RECEIVED _____ NUMBER OF DWELLINGS ON LOT _____

PROPOSED USE OF MOBILE HOME: STORAGE _____ DWELLING _____

*PLEASE ATTACH SKETCH OF PROPOSED INSTALLATION ON LOT, SHOW DIMENSIONS OF LOT, SETBACKS, LOCATION OF OTHER STRUCTURES ON THE LOT, ELECTRIC POLES, TREES TO BE REMOVED OR PLANTED AND SEPTIC TANK LOCATION IF APPLICABLE.

APPLICANT NAME: _____

MAILING ADDRESS: _____ PHONE # _____

PROPOSED LOCATION OF MOBILE HOME:

STREET NAME: _____ NUMBER: _____

SUBDIVISION/SECTION OF COUNTY: _____

LOT # _____ BLOCK _____ TAX MAP #: _____

SEWAGE DISPOSAL

WATER SUPPLY

_____ PUBLIC

_____ SEPTIC TANK

_____ PUBLIC

_____ WELL

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. FALSE INFORMATION WILL VOID THIS PERMIT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK SHALL BE COMPLIED WITH.



MOVING ONE MOBILE HOME OFF AND REPLACING WITH ANOTHER

SIGNATURE OF OWNER/AGENT DATE

FOR OFFICE USE ONLY

ZONING DISTRICT: _____
FRONT SETBACK: _____
SIDE SETBACK: _____
REAR SETBACK: _____
FLOOD ZONE: _____

ZONING APPROVAL DATE

DHEC OR GCW&SD APPROVAL _____