Manufactured Home Placement Permit Application

Development Services|Permitting & Inspections
www.fayettevillenc.gov
433 Hay Street Fayetteville, NC 28301
Phone (910) 433-1768 Fax (910) 433-1588

Please fill out application COMPLETELY – Failure to do so will delay processing – Thank you

A manufactured home tax certification form is required at the time of submittal. All manufactured homes must be listed with the Cumberland County Tax Administration Office.

1. Contractor Information

Manufacturer, Dealer or Set-Up Contractor Name:	Telephone #:	
Address:	E-mail:	
City/State/Zip:		
NC State License Number:	Classification:	Limitation:
Company Affiliation: □ Owner – Name:_____ □ Employee – Name:_____		

2. Location:

Address:	Mobile Home Park / Job Site Name	Tax Parcel Identification Number

3. Owner Information:

Name:			
Mailing Address:			
City:	State:	Zip:	Telephone #:
□ Property Owner	□ Owner's Designee		□ Other

4. Use of Mobile Home/Office:

□ **Residential** □ **Temporary Office** □ **Office for Security**

5. Type of Inspections Required and Zoning District:

□ Building	□ Electrical	□ Mechanical	□ Plumbing	□ Zoning District:

6. Applicant's Signature & Authorization:

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable state and local laws, ordinances and regulations. Development Services will be notified of any changes in the approved plans and specifications for the projected permitted herein.

_____ _____ _____

Signature of Owner/Agent Printed Name Date

Zoning Approved by: _____Date: ____/____/20__ Building Inspector: _____Date: ____/____/20__

Permit Fee: _____ Permit Number: _____ Date: ____/____/20__