



**Manufactured/Modular Placement  
Permit Application**

Development Services Permitting & Inspections

[www.fayettevillenc.gov](http://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**

Contractor Name:		Telephone #:	
Address:		E-mail:	
City/State/Zip:			
NC State License Number:	Classification:	Limitation:	
Company Affiliation: <input type="checkbox"/> Owner – Name: _____ <input type="checkbox"/> Employee – Name: _____			

**2. Location:**

Address:	Mobile Home Park / Job Site Name:	Tax Parcel Identification Number:
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**3. Owner Information:**

Name:			
Mailing Address:			
City:	State:	Zip:	Telephone #:
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Owner’s Designee		<input type="checkbox"/> Other

**4. Proposed Use:**     Manufactured     Modular

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Temporary (less than 180 days)
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**5. Type of Inspections Required and Zoning District:**

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Zoning District:
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Development Services will require a picture of the data plate of the unit along with the permit for processing. More information about manufactured/modular unit data plates can be found at the North Carolina Office of State Fire Marshall manufactured & modular building division’s website. Initial for acknowledgement \_\_\_\_\_

**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__
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Permit Fee: _____	Permit Number: _____	Date: ___/___/20__
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