WAKE COUNTY COMMUNITY SERVICES
INSPECTIONS/DEVELOPMENT PLANS/PERMITS
Suite 101 Waverly Akins Office Building
PO Box 550, Raleigh, NC 27602
Permits Staff (919) 856-6222 Fax (919) 856-6229

APPLICATION FOR MANUFACTURED HOME PERMIT

PERMIT #   **ES PERMIT # *D***

Owners Name – Last:	**First:**	**Phone #**
Street Address/City/State:		**Zip:**
Dealers Name:		**Phone:**
Project Street Address:		**Utility Provider:**
City:	**State:** **Zip:**	**Project Cost:**
Mobile Home Park or Subdivision:		**Lot #**
List existing structures on property:		

Bedrooms:	**Baths:**	**Other :**
Value:	**Serial #**	**UL/HUD #**
Year: **Make:**	**Size:**	**Color:**

Is there an outside HVAC unit? Yes ☐ **No** ☐   **Existing Deck** ☐ **New Deck** ☐ *(Each requires separate permit)*

Set Up Contractor:		**License #**
Street Address:		**Phone #**
City:	**State:** **Zip:**	**Fax #**
E-mail:		
Contact Name:		**Phone:**
Electrical Contractor*:		**License #**
City:	**State:** **Zip:**	**Phone #**
E-mail:		
Mechanical Contractor:		**License #**
City:	State: Zip:	Phone #
E-mail:		
Plumbing Contractor:		**License #**
City:	State: Zip:	Phone #
E-mail:		
Directions to Project:		
Applicant/Owner/Agent Name:		**Phone#**
Signature:		**Date:**

* * * * * * * * FOR OFFICE USE ONLY - - - DO NOT COMPLETE * * * * * * * *		
PIN/Tax Map/Parcel:	**Unique #:**	**BoM** **Page**
Acres: **Census:**	**Zoning:**	
Water Supply: Public ☐ **Private** ☐ **Waste Water: Public** ☐ **Private** ☐ **Lift Pump Required:** ☐		
Flood Certification Required: ☐ **Imperv Surface Sq Ft** **Finished Sq Ft**		

Approved by: _____   **Date:** _____