

TOWN OF GARNER  
PERMIT APPLICATION  
MANUFACTURED HOME

NOTE: (1) ALL ITEMS UNDER SECTIONS 1-5 BELOW WHICH APPLY TO YOUR PROJECT MUST BE COMPLETED.  
(2) IF A WAKE COUNTY HEALTH DEPARTMENT PERMIT FOR AN EXISTING OR NEW WELL AND /OR SEPTIC SYSTEM IS REQUIRED, THE BUILDING PERMIT CANNOT BE RELEASED UNTIL A COPY OF THE APPROVED PERMIT IS RECEIVED.

1 LOCATION NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_  
OF SITE : LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

2 OWNER: \_\_\_\_\_ TEL. NO. (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SET-UP CONTRACTOR: \_\_\_\_\_ TEL. NO. (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
NC STATE LICENSE NUMBER: \_\_\_\_\_ TOWN OF GARNER PRIVILEGE LICENSE # \_\_\_\_\_

3 COST DATA  
BUILDING : \$ \_\_\_\_\_ ELECTRICAL: \$ \_\_\_\_\_ PLUMBING: \$ \_\_\_\_\_  
MECHANICAL: \$ \_\_\_\_\_ TOTAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

4 MANUFACTURED HOME DATA  
MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ X \_\_\_\_\_ COLOR: \_\_\_\_\_  
SERIAL NUMBER: \_\_\_\_\_ UL HUD NUMBER: \_\_\_\_\_

5 SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY

INSIDE TOWN LIMITS: Y/N CENSUS: \_\_\_\_\_ TAX MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_  
PLANNING ZONE: \_\_\_\_\_ MH PARK/SUBDIVISION: Y/N MH DISTRICT: Y/N CUP NO. \_\_\_\_\_  
APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

INSPECTIONS APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

ENGINEERING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

WAKE COUNTY HEALTH DEPARTMENT APPROVAL REQUIRED: Y/N PERMIT NO: \_\_\_\_\_

TOWN WATER: Y/N TOWN SEWER: Y/N