

MANUFACTURED HOME Permit Application

ROCKY MOUNT
DEVELOPMENT SERVICES
THE CENTER OF IT ALL



Applicant's Name:		Email:	
County Project is located in: Edgecombe ____ Nash ____		Codes to be Applied: SBCCI ____ or IBC ____	
Project Address:			
Property Owner:		Telephone:	
Set-up Contractor:		State License #	
Address:			
City:	State:	Zip Code:	Telephone:
Estimated Home Costs (minus subcontractor cost): \$		Unit Type: Singlewide ____ Multi-sectional ____	
Building Area: Width ____ Length ____ Total Area in Sq.Ft. ____ Number of Stories ____			
Accessory Structures: ____ Sq. Ft. of Garage ____ Sq. Ft. of Patio ____ Sq. Ft. of Deck ____ Sq. Ft. of Porch ____ Sq. Ft. of Carport ____ Sq. Ft. of Basement ____ Sq. Ft. of Terrace ____ Ft. of Fence			
Sub Contractors:			
Electrical: _____		License# _____	
Mechanical: _____		License# _____	
Plumbing: _____		License# _____	
NOTE: It is required that you attach a copy of a site plan showing distances from property lines, lot shape, size, and relationship to street(s) if unit is set on individual lot.			

I hereby certify that all the information in this application is correct and all work will comply with the City's Land Development Code, State Building Code, and all other applicable State and local laws, ordinances, and regulations. The Inspections Services Division will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work.

Work may only begin after approval and issuance of the permit. Failure to obtain permit \$250 fine.

Owner/Agent Signature: _____ Date: _____

(Do not write below this line. For office use only.)

Received on ___/___/___ by _____		Approved ____ YES ____ NO by _____	
Property Zone _____	Is this property in the Floodplain? Yes ____ No ____	Setbacks: Front ____ Side ____ Rear ____ Corner ____	
Checked By _____	Is this property in the Floodway? Yes ____ No ____	Is this property in the Watershed? Yes ____ No ____	

Revised 12/19