

TOWN OF SPRING LAKE MOBILE HOME PERMIT APPLICATION

Email Permit to: shutchins@townofspringlake.com

PERMIT NO: MH- _____

Complete address where work will be performed: _____
Mobile Home Park Name: _____ Lot No: _____ Spring Lake, NC 28390
Zoning Class _____

Mobile Home Owner's Name: _____
Property Owner's Address: _____ Phone No: _____

Set Up Contractor's Name: _____
Contractor's Address: _____ Phone No: _____

NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____ Email: _____

Electrical Contractor: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____ Email: _____

Mechanical Contractor: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____ Email: _____

Plumbing Contractor: _____
Contractor's Address: _____ Phone No: _____
NC License No: _____
Signature of Applicant: _____ Date: _____
Print Name: _____ Email: _____

MOBILE HOME INFORMATION

Make of Mobile Home: _____ New ___ Used ___
Size of Mobile Home: _____ Mobile Home Serial Number: _____
Electrical Service Size: _____ AMPS
Year of Manufacture: _____
 Single Wide Double Wide Modular Construction Trailer **Permit Fee** \$ _____
Technology Fee \$ 10.00
Convenience Fee (All Card Transactions \$4.50) \$ _____
Total Permit Fees \$ _____

YOU MUST CALL TO SCHEDULE AN INSPECTION AT THE PROPER STAGE (S) OF WORK. CALL THE INSPECTIONS DEPARTMENT AT (910) 985-7265 TO SCHEDULE INSPECTION. This permit becomes null and void if authorized work is not commenced within six (6) months from the date of issue, or if construction is suspended or abandoned for a period of one (1) year, any time after work is commenced.

The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.

Approved by _____ Date _____