

Richmond County Building Inspection Department

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Rockingham, NC 28379

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Telephone: (910) 997-8204

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Mobile Home Permit Application

Applicant Name: _____

Project Address: _____

Phone Number: _____

Email: _____

Only complete if Name and Address is different from above.

Owner Name: _____

Owner Address: _____

Phone Number: _____

Type of work to be done: _____

Cost of Mobile Home: _____ ___ Singlewide ___ Doublewide ___ Triple wide

Length _____ Width _____ Model Year _____

VIN # _____ **(REQUIRED TO GET MOBILE HOME PERMIT)**

Are there more than two Mobile Homes on this piece of Property ___ Yes ___ No

PIN #: _____ Improvements Permit #: _____

Sewer:

___ Public
___ Private

Water:

___ Public [] Waterline
___ Private

Dealer/Setup Contractor: _____

Address: _____

Phone #: _____ Email: _____

State License #: _____

Contractor's Signature: _____ **Date:** _____

Electrical Contractor: _____

Address: _____

Phone #: _____ State License #: _____

Contractor's Signature: _____ **Date:** _____

Plumbing Contractor: _____

Address: _____

Phone #: _____ Email: _____

State License #: _____

Contractor's Signature: _____ **Date:** _____

Mechanical Contractor: _____

Address: _____

Phone #: _____ Email: _____

State License #: _____

Contractor's Signature: _____ **Date:** _____

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Applicant's Signature: _____ **Date:** _____

Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.