

MARTIN COUNTY MANUFACTURED HOUSING PERMIT APPLICATION

DATE: / /

APPLICANT NAME:						PHONE
MAILING ADDRESS						
911 ADDRESS OF SETUP (IF IN PARK, GIVE NAME)					COST \$	
IS LOT RENTED (Y/N)	IF YES, NAME OF OWNER / ADDRESS					
IF NO, TAX PARCEL ID# (REQUIRED)	CITY LIMITS (Y/N)	ZONING PERMIT#	SEPTIC RECORD #	FLOOD ZONE		
MANUFACT.	MODEL	YEAR	SERIAL #	HUD #		
SIZE	S.W./D.W./ TR.W.	BEDROOMS	BATHS	UNDER PIN. (BRICK/VINYL)	COLOR/TRIM	
X						
DEALER / ADDRESS				PHONE		
				FAX		
SETUP CONTRACTOR					LICENSE #	
ELECTRICAL CONTRACTOR					LICENSE #	
SERVICE SIZE	UTILITY PROVIDER	COMMENTS:				
MECHANICAL CONTRACTOR					LICENSE #	
A/C TONS	HEAT BTU	UNIT TYPE (GAS, ELEC, HP)	SPLIT SYSTEM (Y/N)			
COMMENTS:						

*SEPTIC AND/OR ZONING PERMITS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION

PHONE 252-792-6242 FAX 252-792-7477

911 ADDRESS MUST BE ON PROPERTY BEFORE POWER IS CONNECTED

Applicant signature: _____ (Dealer / Owner)

(circle one)