

BLADEN COUNTY BUILDING INSPECTIONS DEPARTMENT  
P O BOX 1076, 450 SMITH CIRCLE  
ELIZABETHTOWN NC 28337  
(910)862-6780

**MOBILE HOME PERMIT APPLICATION**

APPLICATION DATE: \_\_\_\_\_ TAX PARCEL ID# \_\_\_\_\_  
APPLICANT: \_\_\_\_\_ PHONE # \_\_\_\_\_  
OWNER'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
911 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(JOB SITE)  
CONTRACTOR'S NAME: \_\_\_\_\_ LICENSE#: \_\_\_\_\_  
CONTRACTOR'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
CONTRACTOR'S PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SEWER: PRIVATE \_\_\_\_\_ PUBLIC \_\_\_\_\_ WATER: PRIVATE \_\_\_\_\_ PUBLIC \_\_\_\_\_  
SEPTIC TANK PERMIT # \_\_\_\_\_ SIZE OF MH: \_\_\_\_\_ COLOR OF MH: \_\_\_\_\_  
YEAR OF MH: \_\_\_\_\_ COST OF MH: \_\_\_\_\_

IF IN TOWN OF ELIZABETHTOWN, BLADENBORO, WHITE LAKE, OR DUBLIN ZONING AREA MUST ATTACH COPY OF ZONING PERMIT.

**DO NOT UNDERPIN MOBILE HOME UNTIL FINAL INSPECTION HAS BEEN COMPLETED.**

FEES:

MOBILE HOME SETUP FEE: \$60.00

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE NATIONAL ELECTRICAL CODE, THE STATE BUILDING CODE, AND OTHER APPLICABLE STATE AND LOCAL LAWS AND ORDINANCES AND REGULATIONS. I UNDERSTAND THAT THIS IS NOT AN AUTHORIZATION TO BEGIN WORK. WORK MAY ONLY COMMENCE AFTER APPROVAL AND ISSUANCE OF THE PERMIT. RE-INSPECTIONS FEES ARE CHARGED AT \$25.00 PER TRIP AFTER 2<sup>ND</sup> INSPECTION. ALL PERMITS ARE SUBJECT TO DOUBLE FEES IF NOT PURCHASED BEFORE WORK BEGINS.

\_\_\_\_\_  
PRINTED NAME OF OWNER OR QUALIFIER

\_\_\_\_\_  
SIGNATURE OF OWNER OR QUALIFIER

\_\_\_\_\_  
DATE

State of North Carolina

County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, do hereby certify that  
\_\_\_\_\_ (name OWNER OR QUALIFIER(s) whose acknowledgment is  
being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary's Name printed

My commission expires: \_\_\_\_\_