

SALUDA COUNTY MANUFACTURED HOME APPLICATION

DATE OF APPLICATION _____ DECAL # _____

Owner Name: _____

Project Location (911 address): _____

Tax Map Number: _____

Previous Owner: _____ Previous Decal# _____ Moving Permit# _____

Previous Address: _____
Street City State Zip

Applicant Phone # (____) _____ Fax # _____

Manufactured Home Contractor / Installer Name _____

SCLLR# _____ Phone# _____

E-MAIL ADDRESS: _____

.....
REQUIRED TO HAVE BEFORE DECAL CAN BE ISSUED

NEW (Form 400 & Bill of Sale) USED (Title) MOVING HOME

Make: _____ Model: _____ Size: _____ Year: _____

Serial Number: _____ Color: _____ Type of Skirting: _____

Unless pre-existing:

SEPTIC TANK APPROVAL DATE _____ WELL PERMIT# _____
(Approval copy to be provided once system is installed). (Copy to be provided). (Number)

Mobile / Manufactured Home Purchased: _____ Moved to County: _____

POWER COMPANY DOMINION MCEC AIKEN CO-OP OTHER _____

NAME ON ACCOUNT AT POWER CO _____

.....
TOTAL VALUATION (COST) OF PROPOSED WORK: _____

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THIS PERMIT/DECAL BECOMES INVALID WHEN OWNERSHIP OR LOCATION HAS CHANGED FROM THE ABOVE. PERMIT/DECAL CHANGES IN OWNERSHIP OR LOCATION REQUIRES A NEW PERMIT/DECAL WITHIN 15 DAYS OF CHANGE. A MOVING PERMIT MUST BE PURCHASED BEFORE THE ABOVE MOBILE/MANUFACTURED HOME CAN BE RE-LOCATED. THE DECAL MUST BE PLACED ON WINDOW FACING A ROAD TO BE CLEARLY AND READILY VISIBLE FROM THE OUTSIDE. IT IS THE PERMIT HOLDER'S RESPONSIBILITY TO SCHEDULE THE INSPECTION AT LEAST 2 BUSINESS DAYS IN ADVANCE. TO SCHEDULE AN INSPECTION CALL (864) 445-4500 ext 2272

(SIGNATURE OF CONTRACTOR/AUTHORIZED AGENT/OWNER)

DATE ____/____/____

(APPROVED BY)

DATE ____/____/____