



**TOWN OF MOREHEAD CITY INSPECTIONS DEPARTMENT**

**MANUFACTURED HOME PERMIT - APPLICATION**

*\*If property is located in a flood zone, an elevation certificate is required before electricity will be authorized.*

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
(Name) (Contact Phone)

\_\_\_\_\_  
(Mailing Address, City, State, Zip)

Construction Site Address: \_\_\_\_\_

Dealer: \_\_\_\_\_  
(Business Name/ Contact Person) (Telephone #)

\_\_\_\_\_  
(Mailing address, City, State, Zip) (License #)

Set-up Contractor: \_\_\_\_\_  
(Business Name) (Telephone #)

\_\_\_\_\_  
(Mailing address, City, State, Zip) (License #)

Electrical Contractor: \_\_\_\_\_  
(Licensee Name) (Telephone)

\_\_\_\_\_  
(Mailing address, City, State, Zip) (License #)

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_ Color: \_\_\_\_\_

# Bathrooms: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Serial #: \_\_\_\_\_

Year: \_\_\_\_\_ Location of wind zone certification: \_\_\_\_\_

Wind Zone according to certificate in home: I II III

Copy of septic tank permit is attached: \_\_\_\_\_; or, County Health Dept. approval is not applicable:  
\_\_\_\_\_

*NOTE: Address numbers shall be attached to the front of the structure in a readily visible location. The numbers shall be at least three (3) inches tall and shall be painted, tinted or colored so that the numbers contrast with the background color and shall be readily, clearly and reasonably visible from the street.*

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Printed Name: \_\_\_\_\_ Owner/Agent Signature: \_\_\_\_\_