



Town of Rolesville Planning
 502 Southtown Cir.
 P.O. Box 250
 Rolesville, NC 27571
 Phone: 919-554-6517
 Fax: 919-556-6852

<http://www.wakegov.com/inspect>

MANUFACTURED HOME PERMIT APPLICATION

Date

Please submit the following project request details (* = Required):

PIN (Parcel ID Nbr)* **Project Site – Address1*** **Address 2**

City **State** **Zip Code** **Book of Map/Deed** **Page Number**

Mobile Home Park or Subdivision **Phase Number** **Lot Number** **Lot Area (acres)**

Primary Contact – First Name* **M.I.** **Last Name*** **Relationship to Project**

Address 1* **Address 2**

City* **State*** **Zip Code***

Telephone Number* **Number Type*** Work Cell Home **Email Address***

Contactor – First Name* **M.I.** **Last Name*** **Contractor Type**

OR Company Name **Address 1** **Address 2**

City **State** **Zip Code** **License Number*** **License Type**

Telephone Number* **Number Type*** Work Cell Home **Email Address***

Contactor – First Name* **M.I.** **Last Name*** **Contractor Type**

Manufactured Home Permit Request (continued)

[Empty input boxes for company name and address]

OR Company Name

Address 1

Address 2

[Empty input boxes for OR Company Name, Address 1, and Address 2]

City

State

Zip Code

License Number*

License Type

[Empty input boxes for City, State, Zip Code, License Number, and License Type]

Telephone Number*

Number Type*

Email Address*

[Empty input boxes for Telephone Number, Number Type, and Email Address]

Work Cell Home

Contactor – First Name*

M.I.

Last Name*

Contractor Type

[Empty input boxes for Contactor Name, M.I., Last Name, and Contractor Type]

OR Company Name

Address 1

Address 2

[Empty input boxes for OR Company Name, Address 1, and Address 2]

City

State

Zip Code

License Number*

License Type

[Empty input boxes for City, State, Zip Code, License Number, and License Type]

Telephone Number*

Number Type*

Email Address*

[Empty input boxes for Telephone Number, Number Type, and Email Address]

Work Cell Home

Contactor – First Name*

M.I.

Last Name*

Contractor Type

[Empty input boxes for Contactor Name, M.I., Last Name, and Contractor Type]

OR Company Name

Address 1

Address 2

[Empty input boxes for OR Company Name, Address 1, and Address 2]

City

State

Zip Code

License Number*

License Type

[Empty input boxes for City, State, Zip Code, License Number, and License Type]

Telephone Number*

Number Type*

Email Address*

[Empty input boxes for Telephone Number, Number Type, and Email Address]

Work Cell Home

Type of Work* New Replacement Repair

Existing Use of Property/Structure*

Project Cost

Size

[Empty input boxes for Existing Use of Property, Project Cost, and Size]

Water Supply Source* - Provider

Wastewater Disposal Type* - Provider*

[Empty input boxes for Water Supply Source and Wastewater Disposal Type]

Split HVAC Unit?

Number Bedrooms*

Existing Deck?*

New Deck* (requires separate permit if > 6')

Yes No

[Empty input box for Number Bedrooms]

Yes No

Yes No

Make

Year

Serial #

UL/HUD #

Manufactured Home Permit Request (continued)

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Existing Impervious (sf)* + Proposed New Impervious (sf)* = Total Impervious (sf)

New Electric Service?*

Electric Service Provider*

Electrical Cost of Project*

Yes No

Attachments Included?*

Yes No

(ex. Site Plans, Lien Agent Document, Utility Approvals, Owner Affidavit, Worker's Comp Certificate, etc.)

Signature