

**TOWN OF WELDON
CODE ENFORCEMENT**

P.O. Box 551 ~ WELDON, NC 27890
Phone 252.536.4836 ~ Fax 252.536.4104

Mobile Home Set-Up Permit

RECEIPT #: _____

ZONING INFORMATION / SETBACK REQUIREMENTS

SUBMIT SCALED SITEPLAN SHOWING LOT SIZE/SHAPE, EASEMENTS, STREET RIGHT-OF-WAYS, ALL EXISTING AND PROPOSED STRUCTURES. (INCLUDES ROOF OVERHANG, HVAC UNIT, DECK/PORCH, HITCH, AND STEPS)

MOBILE HOME OWNER/OCCUPANT INFORMATION

MOBILE HOME OWNER: _____ TELEPHONE: _____
CURRENT ADDRESS: _____
MOBILE HOME OCCUPANT: _____

SITE INFORMATION

SITE ADDRESS: _____
PROPERTY OWNER: _____ TELEPHONE: _____
PROPERTY OWNERS ADDRESS: _____
MOBILE HOME PARK: YES ___ NO ___ PARK NAME: _____ LOT #: _____
FLOODPLAN: YES ___ NO ___

MOBILE HOME INFORMATION

MANUFACTURER: _____
YEAR MODEL: _____ SIZE(WITHOUT HITCH): _____ WILL HITCH BE REMOVED: YES ___ NO ___
MOBILE HOME DEALER: _____ TELEPHONE: _____
SKIRTING TYPE: RIGID VINYL ___ BRICK/BLOCK ___ ROOF PITCH(DOUBLEWIDES ONLY): ___/12"

UTILITIES

POWER: NC POWER ___ ROANOKE ELECTRIC MEMBERSHIP CO-OP ___
POWER COMPANY ACCOUNT NAME: _____
WATER: PUBLIC ___ WELL ___
SEWER: PUBLIC ___ SEPTIC ___

SET-UP CONTRACTOR INFORMATION

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ LICENSE NUMBER: _____

SET-UP CONTRACTORS SIGNATURE DATE MOBILE HOME OWNERS SIGNATURE DATE

MOBILE HOME MUST **NOT** BE PLACED ON SITE UNTIL PERMIT IS APPROVED

BUILDING OFFICIAL DATE LAND USE ADMINISTRATOR DATE

ZONING

OVERLAY DISTRICT