

SALUDA COUNTY MOBILE/MANUFACTURED HOME PERMIT APPLICATION

DATE OF APPLICATION _____ DECAL # _____

Owner Name: _____ DRIVERS LICENSE # _____

Project Location (911 address): _____

Tax Map Number: _____

Address _____

Street City State Zip
Telephone # (____) _____ Fax # (____) _____

Manufactured Home Contractor/Installer Name: _____

SCLLR License # _____ TELEPHONE#: _____

REQUIRED TO HAVE BEFORE DECAL CAN BE ISSUED

 NEW (FORM 400 & BILL OF SALE) USED (TITLE)

Make _____ Model _____ Year _____

Serial Number _____ Size _____

Color _____ Type of Skirting _____
(Underpinning)

Central Air Unit Window Air Unit

Unless pre-existing : Septic Tank Approval _____ / _____
(Copy to be provided) (Number) (Date)

Well Approval _____ / _____
(Copy to be provided) (Number) (Date)

Previous owner: _____ Previous decal # _____

Address: _____
_____ Moving Permit # _____

Mobile/manufactured home purchased: _____ Moved to county: _____
(Date) (Date)

ELECTRICAL COMPANY _____ Electrical under _____
(SCE&G MCEC AIKEN) (Name)

NOTICE

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 A 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) 445-1849 BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM MONDAY-FRIDAY.

DIRECTIONS TO SITE _____

(SIGNATURE OF OWNER OR AUTHORIZED AGENT) DATE ___/___/___

(APPROVED BY) DATE ___/___/___