



MOBILE HOME PERMIT APPLICATION

Williamsburg County Code Enforcement
201 W. Main St
Kingstree, SC 29556

(843) 355-9321 Fax (843) 355-1587

Permit # _____ Date _____

Application Type _____ New ___ Used ___ Registered in the County ___
Project Description _____

OWNER

Owners Name _____ Phone (____) _____
Mailing Address _____
City _____ State _____ Zip Code _____

AUTHORIZED/LEGAL REPRESENTATIVE (if applicable)

Name _____ Phone (____) _____
Mailing Address _____
City _____ State _____ Zip Code _____

LOCATION

Site Address _____ Tax Map # _____ - _____ - _____ - _____
City _____ State _____ Zip Code _____
Directions To Site Location _____

Name of Property Owner _____

CONTRACTOR

Contractor: Name _____ Phone (____) _____
Company Name _____ License # _____
Address _____
City _____ State _____ Zip Code _____

SUB-CONTRACTORS

Sub-Contractor: Name _____ Phone (____) _____
Company Name _____ License # _____
Address _____
City _____ State _____ Zip Code _____

Sub-Contractor: Name _____ Phone (____) _____
Company Name _____ License # _____
Address _____
City _____ State _____ Zip Code _____

MOBILE HOME INFORMATION

LOT (circle one)

Mobile Home Park	Land Owner	Lot Rental
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PARK NAME/PROPERTY OWNER

Name: _____	Phone (____) _____
Address _____	City _____ State _____ Zip Code _____

MOBILE HOME DATA

Make of Mobile Home _____	Year _____	Cost \$ _____	
Serial # _____	Width _____	Length _____	Color _____
# of Smoke Detectors _____	# of Tie Downs _____	Decal # _____	

Wind Zone (circle one)	I	II	III	Central Heating & Air (circle one)	Yes	No
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SEPTIC SYSTEM

Existing Septic Tank _____	New/Approved _____	New/Pending _____	Public Sewer _____
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POWER COMPANY

Santee Electric	Account # _____
Progress Energy	Account # _____
Gas Provider:	Account # _____
Miscellaneous	

Additional Information:

I hereby certify that the above information is correct and understand that if any of the information above is found to be incorrect that permits may be revoked. Owner Contractor Agent

Signed _____ Date _____

OFFICE USE ONLY

Flood Zone: A AE X _____ Elevation _____ Determined By _____

Setbacks: Front _____ Side _____ Rear _____ Buffer _____

Proposed Use: Non-Residential Residential Principal Accessory