

City of Roanoke Rapids
Dept. of Planning and Development
P.O. Box 38
Roanoke Rapids, NC 27870
Telephone: 252-533-2844 Fax: 252-533-2870

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