

Permit Application

Manufactured Home

Phone 919-249-3418 Fax 919-249-3407

Manufacturer: _____

Manufactured date of home: _____



Permit # _____ - _____

Received Date: _____

File Close Date: _____

Town of Apex

Application Date _____ Zoning _____

Applicant Name _____ Phone _____ Fax _____

Project Address _____ **Apex, NC** ZIP _____

Mobile Home Park _____ Zoning _____

Project Contact Person _____ Phone _____ Fax _____

Property Owner _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Flood Plain Information

This lot is located in a flood plain Yes No If Yes: FEMA Calculated FFE(Finished Floor Elevation): _____

Utilities

Sewer	<input type="checkbox"/> Public	<input type="checkbox"/> Private*	<input type="checkbox"/> Wake Co. Health Dept. permit number(s) _____
Water	<input type="checkbox"/> Apex°	<input type="checkbox"/> Private*	<input type="checkbox"/> 3/4" water meter is requested <input type="checkbox"/> No water meter requested
Electric	<input type="checkbox"/> Apex°	<input type="checkbox"/> Progress	<input type="checkbox"/> Temporary power board is requested <input type="checkbox"/> No temp board requested

*First time customers **MUST** apply with the Apex Finance Dept. for water and electric service
 *Wake County Health Department permit(s) are a prerequisite for accepting this application

Planning Department Approval

- 1) The Manufactured Home existed on this lot prior to October 2, 2007 Yes No
 - 2) The Manufactured Home existed on this lot within 6 months prior to date of this application Yes No
 - 3) The manufactured home complies with the Town of Apex UDO and setbacks Yes No
- If "No" to either # 1, # 2 or #3 above, new manufactured home cannot be approved.

Applicant Statement

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations or private building restrictions, if any, which may be imposed by deed. The Inspection Department will be notified of any changes in the approved plans and specifications for the project herein. I understand that the existing manufactured home must be removed within 30 days once the new manufactured home has been brought onto the property.

Applicant's Name (print) _____ Signature _____ Date _____

Set-Up Contractor

Licensed dealer Licensed set-up contractor Owner Construction Cost \$ _____

Contractor Name _____ Address _____

City _____ State _____ ZIP _____ License Number _____

Authorized Agent (print) _____ Signature _____ Date _____

Electrical

Contractor Name _____ Address _____

City _____ State _____ ZIP _____ Electrical Cost \$ _____ License Number _____

Authorized Agent (print) _____ Signature _____ Date _____

Mechanical Permit* Check here if this trade is not required *Outdoor units must meet screening per UDO

Contractor (Company Name) _____ Phone _____

Address _____ City _____ State _____ ZIP _____

License Number _____ Classification: H-1 H-2 H-3 Owner Class I Class II N/A

Email _____ Construction Cost (contract amount) \$ _____

Authorized Agent (print) _____ Signature _____ Date _____

Plumbing Permit

Set-Up Contractor* (may perform installation of a factory designed drain line system within the footprint of the home only)

Contractor Name _____ Address _____

City _____ State _____ ZIP _____ License Number _____

Authorized Agent (print) _____ Signature _____ Date _____

*Plumbing contractor required for the following: 1) All underground work, 2) All work outside the skirting, 3) Any work not conforming to a factory designed drain line system