



Permit Application
MANUFACTURED HOME

Manufacturer: _____
Manufactured date of home: _____

Town of Apex Building Inspections and Permitting
Phone: 919-249-3418 Email: ePermit.Notify@ApexNC.org

****Only Planning approval is needed for permit.**

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: Phone: 919-249-3426 Email: planninginfo@apexnc.org

- 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