

**MANUFACTURED STRUCTURE APPLICATION
CITY OF ROCKINGHAM**

(Please print in ink)

Owner: _____ Phone _____

Mailing Address: _____

Site Directions: _____

Property Owner: _____ PIN _____

Property Location: _____

Mobile Home Park _____ Lot # _____

Number of Mobile homes on property: _____

Is this property within a designated flood zone? Yes _____ No _____

Sewer _____ or Septic Tank _____ (check one that applies to your property)

Single _____ Double _____ Triple/Quad _____ New/ Used (circle one)

Porch/Deck Sizes: Front _____ x _____ Back: _____ x _____

Cost of Mobile Home (Required): _____

Size: Width _____ Length _____

Type of heat _____ No. Bedrooms _____ No. Baths _____

Model _____ Year _____ Color _____

Set Up Contractor: _____ NC License # _____

Address: _____ Phone _____

Dealer _____ License # _____

Address _____ Phone _____

I hereby agree to conform to all applicable City of Rockingham Ordinances and laws of North Carolina.

Signature of Applicant	Print Name	Date
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Office Use Only

Approved by: _____ - Date _____ -Permit No. _____