



Laurens County Building Codes



P.O. Box 815, Laurens, S.C. 29360, (864) 984-6659, Fax (864) 984-1502

* Manufactured Home Permit Application *

Home Location	APPLICANT NAME: _____ DAYTIME PHONE #: _____ PROPERTY 911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ FLOOD AREA: YES NO <i>(OFFICE USE ONLY) TAX MAP #:</i> _____ FIRE DISTRICT: _____ SCHOOL DISTRICT: _____
Home Details	DATE OF PURCHASE: _____ PURCHASE PRICE: _____ SIZE OF HOME: LENGTH: _____ Width: _____ COLOR: _____ Color of Shutters: _____ CURRENT LOCATION OF HOME: _____ VENDER/SELLER: _____ SERIAL #: _____ MANUFACTURER OF HOME: _____ MODEL #: _____ YEAR: _____
Landowner	OWNER'S NAME: _____ DAYTIME PHONE #: _____ PROPERTY 911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
UTILITIES	SOURCE OF HEAT: _____ A/C: _____ SEPTIC: NEW EXISTING PUBLIC SEWER: NEW EXISTING ELECTRIC POWER COMPANY: _____ GAS COMPANY: _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE:

SIGNATURE: _____ DATE: _____