

**MANUFACTURED HOME PERMIT APPLICATION**

**COLLETON COUNTY PLANNING AND DEVELOPMENT**

P.O. Box 98 - 31 Klein Street - Walterboro, SC 29488

Office # (843) 549-1709

Fax # (843) 549-9014

Inspection Line # (843) 549-1844

Website: colletoncounty.org/planning-development



<b>PERMIT TECHNICIAN / OFFICE ONLY</b>		<b>PERMIT #</b>		<b>PERMIT TECHNICIAN / OFFICE ONLY</b>		
RCVD BY	DATE		PERMIT FEE	RECEIPT NO.	DATE PERMIT ISSUED	ISSUED BY
	APP Rcvd	COMPL APP Rcvd				
Flood Zone:		Zoning District:	Zoning Overlay: Airport Overlay or Image Corridor:			

**MANUFACTURED/MOBILE HOME PERMIT TYPE**

- Move & Set Up    
  Reconnect Power    
  De-Title / Permanent Home Status    
  Demo

**LOCATION OF MOBILE HOME**

Address			City		Zip Code
Tax Map #	Lot #	Block #	Plat - Book#	Page #	
Subdivision / Mobile Home Park Name			Is this a Replacement ( 2 months or less)?		
Is this a 2 <sup>nd</sup> Dwelling Structure, active or inactive?	If more, how many?	<b>Attention: A Family Group Development Declaration must be signed and submitted with this permit for 2 or more dwellings</b>			

**NAME MAILING ADDRESS CITY ZIP CODE PHONE#**

Land Owner				
Mobile Home Owner				
Email Address:				
Authorized Legal Represent.				
Email Address:				

**PREVIOUS LOCATION OF MOBILE HOME (IF USED)**

Name of Previous Owner	Tax Map #	
Address	City	Zip Code

**DESCRIPTION OF MOBILE HOME**

Manufacturer	Model	Year	
Serial #	Length	Width	Color
Central Heating & Air: <input type="checkbox"/> Yes or <input type="checkbox"/> No		Condition of Home: <input type="checkbox"/> New or <input type="checkbox"/> Used	
Registered in Colleton County.? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Purchase Date:	Sale Amount: \$	

**MANUFACTURED HOME "MOVING AND/OR SET-UP" CONTRACTOR**

Company Name	License #	
Name of Contact Person	Phone #	
Address	City	Zip Code
Email Address	Construction Value: \$	

**UTILITIES**

Water:  Well    
  Public    
 Septic:  New   
  Existing   
  Standard   
  Engineered   
 or Sewer:  New   
  Existing

Power Company:  Coastal Electric   
 Dominion   
 Edisto Electric   
 Account #

**DIRECTION (STEP-BY-STEP)**

**31 Klein to Site Location: NOTE: Correct Address Posted at Site is Required Before Submitting Application**

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**AFFIDAVIT OF APPLICANT**

I do solemnly swear (or affirm) that all County and Municipal Taxes legally due by me (owner) on this Manufactured Home, have been paid and that County, and Municipal Tax Returns have been made on it.

I hereby, certify the above information is correct and understand that if any information is found to be incorrect the permit(s) may be revoked. **Signed by:**  **Owner**  **Representative**  **Contractor**

1. No work will be started before a permit is issued
2. No work will be started before permit card is posted or continued if the permit card is destroyed
3. Current or outstanding violations on a property can prevent the issuance of a requested permit.
4. Contractor and subcontractors will secure (if required) a contractors' license before beginning work.
5. This permit is void if the job is not started within 6 months of the final review approval date.
6. The undersigned owner, representative, or contractor understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances codes or laws, and that any omission of or misrepresentation of fact without intention of the undersigned or any alteration of change from this application without the approval of the Colleton County Planning and Development Department in writing, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.
7. Owner/Agents are responsible for checking any Deed Restrictions and Covenants, Wetlands Encroachment, and FAA zoning conditions.

**Print Applicant Name** **Applicant Signature** **Date**

<b>ZONING APPROVAL</b> COMPLETED BY ZONING ADMINISTRATOR OR PLANNING DIRECTOR					
Current Use of Building/Land:					
Proposed Use:					
Wind Zone: <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140			Seismic Zone: <input type="checkbox"/> C <input type="checkbox"/> D <sub>0</sub> <input type="checkbox"/> D <sub>1</sub> <input type="checkbox"/> D <sub>2</sub>		
FEMA Flood Zone: <input type="checkbox"/> X <input type="checkbox"/> 0.2% <input type="checkbox"/> A <input type="checkbox"/> AE <input type="checkbox"/> V <input type="checkbox"/> VE <b>SEE FLOOD APPLICATION IF FLOOD ZONE IS A, AE, V, OR VE</b>					
Riparian Buffer: <input type="checkbox"/> No <input type="checkbox"/> Yes min. distance          ft.          actual distance:          ft.			Wetlands: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes where? <input type="checkbox"/> On property – not at site location <input type="checkbox"/> At the proposed site location		
Zoning District: <input type="checkbox"/> VC <input type="checkbox"/> CC <input type="checkbox"/> LID <input type="checkbox"/> ID <input type="checkbox"/> PDD <input type="checkbox"/> RC-1 <input type="checkbox"/> RC-2 <input type="checkbox"/> RD-1 <input type="checkbox"/> RD-2 <input type="checkbox"/> RS <input type="checkbox"/> UD-1 <input type="checkbox"/> UD-2					
Zoning Overlay: <input type="checkbox"/> Image Corridor <input type="checkbox"/> Airport Overlay – Zone:				Land Area:          Acres.	
Zoning Restrictions: <input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <input type="checkbox"/> Special Exception <input type="checkbox"/> Temporary User (Type):					
Proposed Use: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Farm Structure <input type="checkbox"/> Exempt <input type="checkbox"/> Principal <input type="checkbox"/> Accessory					
Plat/Site Plan: <input type="checkbox"/> 1 <sup>st</sup> Ok <input type="checkbox"/> Updated Ok		Landscaping: <input type="checkbox"/> N/A <input type="checkbox"/> 1 <sup>st</sup> Ok <input type="checkbox"/> Updated Ok		Parking: <input type="checkbox"/> N/A <input type="checkbox"/> 1st Ok <input type="checkbox"/> Updated Ok	
Lighting: <input type="checkbox"/> N/A <input type="checkbox"/> 1st Ok <input type="checkbox"/> Updated Ok					
Building Setbacks:	Front: min. _____ Actual. _____	Sides: Min. _____ Actual. _____	Rear: Min. _____ Actual. _____	Corner/Dual Frontage: Min. _____ Actual. _____	
Case Number: <input type="checkbox"/> Special Exception _____ <input type="checkbox"/> Variance _____					
Special Conditions:					
Approved By:		Comments:			
Approved Date:					