

# PERMIT REQUIREMENTS FOR A MOBILE HOME

**\*ALL DOCUMENTS MUST BE SUBMITTED FOR A MINIMUM 2 DAY REVIEW\***

**ALL MOBILE HOME SETUP PERMITS MUST HAVE EITHER A LICENSED MBH INSTALLER OR MBH CONTRACTOR LISTED ON THE PERMIT.**

1. COMPLETED MOBILE HOME PERMIT APPLICATION
2. ADDRESS VERIFICATION FORM, FROM HC PLANNING & ZONING
3. TAX STICKER, FROM TAX ASSESSOR'S OFFICE
4. SITE PLAN DRAWN TO AN ENGINEERS SCALE; SHOWING ALL PROPERTY LINES, NEW PROPOSED STRUCTURE(S) & EXISTING STRUCTURE(S)
5. DETAILED SEWER RECEIPT OR FINAL SEPTIC TANK APPROVAL FROM DHEC. (IF USING EXSISTING SEPTIC TANK - FILL OUT EXSISTING SEPTIC TANK FORM)
6. PROPERTY OWNER AUTHORIZATION FORM, OR A SIGNED LEASE AGREEMENT.  
\*Only if you are not the property owner and/or mobile home owner applying for the permit\* (3<sup>RD</sup> PARTY WITNESSED OR NOTARIZED)
7. CONTRACTOR AUTHORIZATION FORM SIGNED BY QUALIFIER. CONTRACTOR MUST HAVE A MANUFACTURED HOUSING INSTALLER OR CONTRACTOR LICENSE. (3<sup>RD</sup> PARTY WITNESSED OR NOTARIZED)
8. WINDZONE II VERIFICATION. (NOT REQUIRED IF HOME IS BEING MOVED WITHIN HORRY COUNTY, YOU WILL NEED A COPY OF THE MOVING PERMIT AS PROOF.)

**IMPACT FEE- \$1236.00 DUE AT PERMITTING**  
**DOES NOT INCLUDE MOBILE HOME PERMIT FEE**

# HORRY COUNTY CODE ENFORCEMENT MOBILE HOME PERMIT APPLICATION

FLOOD ZONE \_\_\_\_\_  
BFE \_\_\_\_\_  
PANEL # \_\_\_\_\_  
ECERT \_\_\_\_\_  
APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_  
PERMIT # \_\_\_\_\_  
PLAN REVIEW \$ \_\_\_\_\_  
CLERK \_\_\_\_\_  
PLAN REVIEWER \_\_\_\_\_  
APPD \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_ MBH OWNER NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

911 ADDRESS \_\_\_\_\_

SUBDIVISION/MBH PARK \_\_\_\_\_ LOT # \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

VALUE \$ \_\_\_\_\_

MANUFACTURE DATE \_\_\_\_\_

( ) SEWER

( ) SEPTIC APPROVAL

( ) EXISTING SEPTIC

MBH STICKER # \_\_\_\_\_

DECK(S): \_\_\_\_\_ SQ. FT.

ADDITION(S) \_\_\_\_\_ SQ. FT.

WIND ZONE II (CIRCLE) YES NO

IMPACT FEE: REQUIRED ( ) EXEMPT ( )

IMPACT FEE VERIFIED \_\_\_\_\_

### SETBACKS

FRONT: \_\_\_\_\_

REAR: \_\_\_\_\_

LEFT SIDE: \_\_\_\_\_

RIGHT SIDE: \_\_\_\_\_

### MBH SC LICENSE (CIRCLE ONE):

DEALER      INSTALLER      CONTRACTOR

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SC LICENSE # \_\_\_\_\_ HC BUS LIC # \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### DECKS, PORCHES OR ADDITIONS CONTRACTOR:

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SC LICENSE # \_\_\_\_\_ HC BUS LIC # \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TMS/PIN # \_\_\_\_\_ DISTRICT # \_\_\_\_\_ ZONING \_\_\_\_\_ VERIFIED \_\_\_\_\_

PERMIT ISSUED BY \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE ( ) OWNER ( ) AGENT

PRINT NAME \_\_\_\_\_

<b>FEEES COLLECTED:</b>
MH \$ _____
ZONING \$ _____
ADD/ALTER \$ _____
MIGC FEES \$ _____
IMPACT FEES \$ _____
_____ \$ _____
<b>TOTAL FEES \$ _____</b>

# CONTRACTOR LETTER OF AUTHORIZATION

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTRACTOR/QUALIFIER NAME: \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Print - Licensed Contractor Name Person obtaining permit

to obtain a building permit from HC Code Enforcement for \_\_\_\_\_  
Type of work

on behalf of my construction company for property located at:

\_\_\_\_\_

I will be responsible for the work listed.

\_\_\_\_\_  
Telephone Number Type of License SC Contractor License #

\_\_\_\_\_  
Contractor / Qualifier Signature Date

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (OR)

Witnessed By:

\_\_\_\_\_  
Notary of South Carolina

\_\_\_\_\_  
Witnesses Signature

\_\_\_\_\_  
My Commission Expires

# PROPERTY OWNER AUTHORIZATION LETTER

DATE: \_\_\_\_\_

I, \_\_\_\_\_ AUTHORIZE \_\_\_\_\_ TO  
PRINT- PROPERTY OWNER/ HOA REP PERSON OBTAINING PERMIT

OBTAIN A BUILDING PERMIT FROM Horry COUNTY CODE ENFORCEMENT FOR

\_\_\_\_\_ ON BEHALF OF MYSELF OR AGENCY FOR PROPERTY LOCATED AT:  
TYPE OF WORK

\_\_\_\_\_ WILL BE RESPONSIBLE FOR THE WORK LISTED.  
PRINT- PROPERTY OWNER / HOA REP

\_\_\_\_\_  
SIGNATURE- PROPERTY OWNER / HOA REP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

**OR 3<sup>RD</sup> PARTY WITNESSED BY:**

\_\_\_\_\_  
NOTARY OF SOUTH CAROLINA

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
WITNESS SIGNATURE

# AFFIDAVIT

## EXISTING SEPTIC TANK FORM

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

TIMS / PIN #: \_\_\_\_\_

I do hereby warrant, represent, and certify that this site has a waste disposal system which is not defective and which is adequate and functioning properly. I further certify that I agree and understand that if at any time Horry County, the Horry County Health Department or any other agency having jurisdiction thereof, determines that the waste disposal system at this site is inadequate, defective or is not functioning properly, then such determination will be grounds for Horry County to revoke its permit and to order a cessation of use of the property until an adequate waste disposal system is installed and approved by the appropriate agency.

I hereby grant permission to the Horry County Building Inspection Department or Health Department Officials to visit this site, at reasonable hours, for the purpose of inspection or evaluation if such agency or department deems necessary in its sole discretion.

I further certify and represent that no agent, servant, or employee of Horry County has made any representation to me concerning the adequacy of the waste disposal system now located upon the site. I understand that there is a possibility that the system may have malfunctions and may need repairs and I agree to repair them when the need arises. In consideration of Horry County issuing a permit, I hereby release Horry County, its agencies or employees from and against any claims of any kind or nature arising directly or indirectly from the use of the waste disposal system located upon the site or any matters that may arise there from.

The above statement is given under oath with all penalties of law related thereto.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE