



DEVELOPMENT SERVICES

101 N. MAIN STREET, P O BOX 1809, LANCASTER SOUTH CAROLINA, PHONE (803) 285-1969

EMAIL PERMITS@LANCASTERCOUNTYSC.NET

MANUFACTURED HOME PERMIT APPLICATION

Date: _____

Setup Demo Moving Decal/Change of Ownership Decal #
Detitle Mobile Home

Address of Placement: _____

Parcel ID: _____ In manufactured home park: Yes No If yes, name: _____
Corner Lot Yes No

Other structure on property _____

Manufactured Home Installer Name: _____ License # _____

Phone #: _____ Address: _____

Email: _____

Electrical Contractor Name: _____ License # _____

Manufactured homeowner: _____ Phone # _____

Address: _____

Email: _____

Previous owner of manufactured home: _____ Phone # _____

Address _____

Email: _____

Property Owner(s): _____ Phone # _____

Address: _____

Email: _____

Description of manufactured home: Year: _____ Make: _____ Model: _____

Size: _____ Color: _____ Deck? Yes No Size: _____ Porch? Yes No Size: _____

Of Bedrooms _____ # of Bathrooms _____

Serial Number: _____ Title Number: _____

Water provider: _____ Electrical Provider: _____

Sewer provider: _____ Gas Provider: _____

Is this a replacement home? Yes No If yes, provide:

Serial Number: _____

Year: _____ Make: _____ Model: _____ Size: _____

Color: _____

I understand that if this statement is found to be false then the permit issued pursuant to this application will be rendered null and void and the sole recourse of any one relying upon this permit in purchasing the property or in providing goods or services to the applicant or for the benefit of the property shall be against the applicant and not against Lancaster County who, pursuant to South Carolina Code 6-29-1145 is issuing the permit in reliance of this statement by applicant.

X

Applicant Signature

X

Print

X

Property Owner Signature

X

Print

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.

Mobile Home is moving from:

Address: _____ City: _____ State: _____ Zip: _____

Mobile Home is moving to/ has moved:

Address: _____ City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Circle One: Moved/ Sold/ Repo/ Demo/ Change of Ownership

We do hereby certify that all applicable taxes have been satisfied for the above referenced mobile home and that permits can be issued.

1. Assessor- Suite 213

2. Delinquent Tax Collector- Suite 135
