

**TOWN OF ST. PAULS ZONING APPLICATION
FOR
MANUFACTURED/MOBILE HOME**

DATE _____

PROPERTY INFORMATION

Proposed Location _____	
Parcel# _____	Zoning _____
Property Owner _____	
Property Owner Address _____	Phone# _____
Applicant's Name (if other than property owner) _____	
Applicant Address _____	Phone# _____
WATER: Public _____ Well _____ SEWER: Public _____ Septic# _____	

MANUFACTURED/MOBILE HOME INFORMATION

Manufactured/Mobile Home Owner _____	
Manufactured/Mobile Home Owner Address _____	Phone# _____
Manufactured/Mobile Home Dealer _____	Phone# _____
VIN _____	Manufacturer _____ Size _____ Year _____

Attach a Plot Plan with Home placed on Lot meeting required setbacks.

I hereby certify all the information in this application is correct and all work will comply with the NC Building Code, Manufactured Home Regulations and all other applicable State and Local Laws, Ordinances and Regulations. Any false or misrepresented information on this application could result in Removal of the Home, a Civil Penalty and Legal Actions.

Applicant Signature _____ Date _____

NOTE: AFTER OBTAINING A ZONING PERMIT ALL OTHER REQUIRED PERMITS MUST BE OBTAINED FROM THE ROBESON COUNTY INSPECTION DEPARTMENT.