



Manufacture Home Application

Town of Morrisville Inspections Department
260 Town Hall Dr., Suite B, Morrisville, NC 27560
Phone: 919-463-6180... Fax: 460-6584

Date Rec'd
Permit #

- If Wake County Health Department Permit for existing or new well and/or septic system is required, a copy of the approved Wake County Health Permit MUST be attached.
- Contractor signature or written authorization on Company Letterhead required.

Site or Property Address: _____ Lot # _____
 Subdivision: _____ Located in Flood Zone? YES NO

Owner: _____ Phone: _____

Address: _____ City _____ ST _____ ZIP _____

Moving/Set Up Contractor: _____ Phone: _____

Address: _____ City _____ St: _____ Zip: _____

NC State License # _____ Classification: ___ Res ___ Bldg ___ Limited ___ Intermediate ___ Unlimited

Morrisville Privilege License #: _____ CONTACT PERSON/PHONE: _____

Moving/Set Up Contractor/Authorized Signature: _____

PLEASE Print Name Here: _____

Electrical Contractor (Co Name) _____ Phone _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Classification: ___ Limited ___ Intermediate ___ Unlimited ___ Owner ___ Other # of Volts _____

Morrisville Privilege License #: _____ CONTACT PERSON/PHONE _____

Signature of Contractor/Authorized Agent _____

Plumbing Contractor (Co Name) _____ Phone _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Classification: ___ Class I ___ Class II ___ Owner ___ N/A

Morrisville Privilege License #: _____ CONTACT PERSON/PHONE _____

Signature of Contractor/Authorized Agent _____

Mechanical Contractor (Co Name) _____ Phone _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Classification: ___ H-1 ___ H-2 ___ H-3 ___ Owner ___ N/A

Tonnage _____ Limitation: ___ Class I ___ Class II ___ Owner ___ N/A

Morrisville Privilege License #: _____ CONTACT PERSON/PHONE _____

Signature of Contractor/Authorized Agent _____

MANUFACTURED HOME DATA Make: _____ Year: _____ Size: _____ x _____ Bedrooms _____

Serial # _____ UL HUD # _____ Color: _____ Cost: _____ Single Wide Double Wide Own Lot Rent Lot

Applicant Signature _____ Date _____

Office Use Only:	Inspections
Approval _____	
Wake Co Health Dept Approval <input type="checkbox"/> YES <input type="checkbox"/> NO	Permit # _____ Pin _____
# _____	