



## City of Havelock

Planning & Inspections Department  
PO Box 368 1 Governmental Ave.  
(252) 444-6433 Email: [permits@havelocknc.us](mailto:permits@havelocknc.us)

\*Please print double sided whenever possible\*

# MANUFACTURED HOME PERMIT APPLICATION

**Failure to provide ALL required information will result in the return of the application to the applicant.**  
**No work shall begin prior to all fees being paid and issuance of the permit. Conducting work without a permit is illegal and may result in a penalty being added to the permit fees due.**

### The following items must be submitted with the completed permit application:

- Plat of Survey (2 copies): must be drawn to scale, depicting all existing and proposed structures on the property
- Electronic copy of Plat of Survey
- Tax Certificate: required for all mobile homes that are being moved from another County
- General Contractors License: required for all projects exceeding \$30,000
- Copy of Septic Tank System Permit: for properties with septic systems (Contact Craven County Central Permitting (252) 636-4987)
- Any Additional State or Local Permits: that may be required due to the nature of the proposed work or site

***The applicant will be contacted when the permit is ready for pick-up.***

**All applicable fees must be paid in full before the permit will be issued (including Water/Sewer System Development fees).**

Permits are reviewed in the order they are received by the Planning & Inspections Department. Review time varies based on the complexity of the project, staff availability, and how busy the Department is.

**PERMIT EXPIRATION**: Construction must begin and at least one inspection performed within six (6) months from the permit issue date otherwise the permit will expire. The permit will also expire if at least one inspection is not scheduled and performed every twelve (12) months until the project has passed its final inspection. If a permit has expired, a new permit must be applied for and approved before work may continue.

## **IMPORTANT NOTICE ABOUT MOBILE/MANUFACTURED HOMES**

On January 14, 1994, the Department of Housing and Urban Development made changes in the Federal Manufactured Homes Construction and Safety Standards and established new Wind Standards to improve the resistance of manufactured homes to high wind forces in areas subject to hurricanes. The effective date of these Standards is July 13, 1994.

The rules state:

*Homes manufactured prior to July 13, 1994 CANNOT be sold or offered for sale in the hurricane zone nor can any manufactured/mobile home be placed in the hurricane zone UNLESS it is constructed and labeled for the old Wind Zone II (hurricane zone) requirements.*

Wind Zone II are areas that are subject to 100 mph winds and these areas include Craven County. **Due to this rule, the City of Havelock will require certification on all new installations that the manufactured/mobile home is built to meet Wind Zone II or III (hurricane zone) requirements. Manufactured/mobile homes not labeled or labeled for Wind Zone I will not be permitted to be installed within the jurisdiction of the City of Havelock.**



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<b>OFFICE USE ONLY</b>	
Application #:	_____
Received:	_____ By: _____

# Manufactured Home (MH) Permit Application

**Applicant:**  Property Owner  Tenant  Mobile Home Dealer  Contractor

**Project Address:** \_\_\_\_\_

Single Wide  Double Wide  Triple Wide  Construction Trailer

Total Cost: \$ \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Serial #: \_\_\_\_\_ Color: \_\_\_\_\_

HUD #: \_\_\_\_\_ Location of Wind Zone Certificate: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Heated Area: \_\_\_\_\_ Sq Ft Is this MH being relocated from a different lot? \_\_\_\_\_

# Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Is this MH being moved into an established MH park? \_\_\_\_\_

<p><b>Applicant</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p><b>Property Owner</b> (if <i>different</i> from Applicant):</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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**Manufactured Home Dealer:** \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ NC License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Classification: \_\_\_\_\_

Email: \_\_\_\_\_ **Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Set-Up Contractor:** \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ NC License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Classification: \_\_\_\_\_

Email: \_\_\_\_\_ **Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>Electrical Contractor:</b> _____</p> <p>Contact: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p><b>Signature:</b> _____</p> <p>NC License #: _____</p>	<p><b>Plumbing Contractor:</b> _____</p> <p>Contact: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p><b>Signature:</b> _____</p> <p>NC License #: _____</p>
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<b>Mechanical Contractor:</b> _____ Contact: _____ Address: _____ Phone: _____ Email: _____ <b>Signature:</b> _____ NC License #: _____	<b>Other Contractor:</b> _____ Contact: _____ Address: _____ Phone: _____ Email: _____ <b>Signature:</b> _____ NC License #: _____
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**READ BEFORE SIGNING:** By signing below, I am acknowledging that I have included ALL applicable information required on the plan in order to be considered "Complete and ready for review." If it is discovered that required information is not included on the plans or I have not provided some required information, I understand that the above referenced project may be deemed "Not ready for review" and may require additional staff time or may be rejected. Additionally, I understand that the City of Havelock reserves the right to request any additional information as necessary.

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all applicable State and Local Laws along with all City of Havelock Ordinances and Regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specification for the permitted herein.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Only ORIGINAL signatures will be accepted\*\*

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE (N.C.G.S. 87-14)**

*Required for any project worth \$30,000 or more:*

The undersigned applicant for Building Permit # \_\_\_\_\_ being the  
 \_\_\_\_\_ Contractor  
 \_\_\_\_\_ Owner  
 \_\_\_\_\_ Officer/Agent of the Contractor or Owner

*Do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:*

- \_\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ has/have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves
- \_\_\_\_\_ has/have not more than two (2) employees and no subcontractors

*While working on the project for which this permit is sought. It is understood that the Planning & Inspection Department issuing the permit may require certificates of coverage of workers, compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.*

Firm Name: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>**FOR OFFICE USE ONLY**</b>											
Zoning District: _____			Setback Requirements: Front: _____			Side: _____			Rear: _____		
Feet from Side Prop. Line: _____				Feet from Rear Prop. Line: _____				Flood Zone: _____		Requires Flood Zone Certificate: YES NO	
APZ:	YES	No	Zone: _____	Noise Contour: _____	Sound Attenuation* Req'd: YES NO			NLR: _____			
<i>*Based on standards set forth in §154.07</i>											
Utilities: Water		Sewer		Public		Private		Health Dept. Permit #: _____			
Approved by Planning/Zoning Official: _____								Date: _____			
Approved by Building Official: _____								Date: _____			