



City of Havelock

Planning & Inspections Department

PO Box 368 1 Governmental Ave.

(252) 444-6433 Email: permits@havelocknc.us

RV/PARK MODEL IN MH PARK 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
- 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 tap 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 RV/PARK MODELS

RECREATIONAL VEHICLE: (Defined by HUD in 24CFR 3282.8(g) Manufactured Home Procedural and Enforcement Regulations: *A recreational vehicle is a vehicle which is: (1) Built on a single chassis; (2) 400 square feet or less when measured at the largest horizontal projections; (3) Self-propelled or permanently towable by a light duty truck; and, (4) Designed primarily not for use as a permanent dwelling but as temporary living quarters for recreational camping, travel, or seasonal use.*

PARK MODEL RECREATIONAL VEHICLE (also known as Recreational Park Trailer and Park Model): *A single living unit that is primarily designed and completed on a single chassis, mounted on wheels, to provide temporary living quarters for recreational, camping, or seasonal use, is certified by the manufacturer as complying with all applicable requirements of ANSI A119.5; and, has a gross trailer area not exceeding 400 square feet in the setup mode or if having a gross trailer area not exceeding 320 square feet in the setup mode, has a width greater than 8.5 feet in the transport mode.*

ADDITIONAL CITY OF HAVELOCK REGULATIONS CAN BE FOUND IN SECTION 155.0703(I)(2)(F) of the City's Unified Development Ordinance (UDO).

NORTH CAROLINA CODE REQUIREMENTS:

- Electrical System: installed and inspected in accordance with the North Carolina Electrical Code, current edition, (NEC with NC amendments);
- Temporary Installation; and
- Set-up – Blocked up and anchored against overturning.



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OFFICE USE ONLY	
Application #:	_____
Received:	_____ By: _____

RV/Park Model in MH Park Permit Application

Applicant: Property Owner Tenant Mobile Home Dealer Contractor

Project Address: _____

RV PARK MODEL OTHER

Total Cost: \$ _____ Manufacturer: _____

Serial #: Yes No : _____ Color: _____

HUD #: Yes No.: _____ Location of Wind Zone Certificate: _____

Dimensions: _____ Heated Area: _____ Sq Ft _____

Bedrooms: _____ # Bathrooms: _____

<p>Applicant</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Property Owner (if different from Applicant):</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Set-Up Contractor: _____

Contact: _____

Address: _____ NC License #: _____

Phone: _____ Classification: _____

Email: _____ **Signature:** _____

Date: _____

<p>Electrical Contractor: _____</p> <p>Contact: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p> <p>NC License #: _____</p>	<p>Plumbing Contractor: _____</p> <p>Contact: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p> <p>NC License #: _____</p>
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Mechanical Contractor: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ NC License #: _____	Other Contractor: _____ Contact: _____ Address: _____ Phone: _____ Email: _____ Signature: _____ 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: _____

FOR OFFICE USE ONLY											
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: _____								
<small>*Based on standards set forth in §154.07</small>											
Utilities: Water Sewer Public Private	Health Dept. Permit #: _____										
Approved by Planning/Zoning Official: _____	Date: _____										
Approved by Building Official: _____	Date: _____										