

COUNTY OF UNION
DEPARTMENT OF BUILDING SAFETY
320 East Main Street
Union, S.C. 29379
Phone (864) 424-2341 Fax (864) 427-7851

MOBILE HOME PERMIT APPLICATION

TAX PARCEL #: _____

PROJECT ADDRESS: _____

OWNERS NAME: _____

DESCRIPTION: _____

PURCHASED FROM _____ LEIN HOLDER _____

DATE PURCHASED _____ DATE MOVED _____

PREVIOUS LOCATION _____ **(If the mobile home is coming from another county you must have a recent moving permit before a permit will be issued.)**

PLEASE CIRCLE ONE: Rental/Primary Residence

PROPERTY OWNERS NAME _____

PURCHASE PRICE _____

DECAL # _____ MAKE _____ MODEL _____

SERIAL # _____ COLOR _____

Year _____ SIZE _____

CONTACT PERSON: _____ PHONE # _____

I HEREBY CERTIFY: That I have read this application and that all information contained herein is true and correct. That I agree to comply with all County Ordinances and State Laws regulating building construction. That I am the owner or authorized by the owner to perform the herein work described.

SIGNATURE _____ DATE _____