



MANUFACTURED HOME LICENSING DECAL/ MOVING & SET-UP & DETITLING APPLICATION

Colleton County Planning and Development
 P.O. Box 98 - 31 Klein Street - Walterboro, SC 29488
 Main # (843) 549-1709 Inspection # 549-1844 Fax # 549-9014

APPLICATION/PERMIT TYPES **Date of Application:** _____

Please "Check" ALL APPLICATIONS below that Apply to your Manufactured Home:	
I need to get my Manufactured Home <u>Licensed</u> _____	LICENSE DECAL # _____
I need a Permit to <u>Move</u> my Manufactured Home _____	MOVING PERMIT # _____
I need a Permit to <u>Set-Up</u> my Manufactured Home _____	SET-UP PERMIT # _____
<u>Retire the Title</u> or <u>Detitle</u> my MH _____ (Requires an Affidavit)	DETITLE PERMIT # _____
I am moving the Manufactured Home in <u>from outside of the County?</u> (circle one)	YES or NO
I am moving the Manufactured Home to <u>outside of the County?</u> (circle one)	YES or NO
Manufactured Home is <u>staying in the County but at a different address?</u> (circle one)	YES or NO

MANUFACTURED HOME OWNER

Name of Manufactured Home Owner: _____	Phone (____) _____
Mailing Address _____	City _____ State _____ Zip Code _____
Name of Property Owner if different from MH Owner: _____	

AUTHORIZED LEGAL REPRESENTATIVE (If Applicable)

Name of Representative: _____	Phone (____) _____
Mailing Address _____	City _____ State _____ Zip Code _____
Email Address: _____	

MANUFACTURED HOME PROPERTY LOCATION INFORMATION

Moving FROM (current) Address: _____	Tax Map # _____ - _____ - _____ - _____
Name of Old Owner: _____	Old Decal No. _____
City _____	State _____ Zip Code _____

Moving TO (new) Address: _____	Tax Map # _____ - _____ - _____ - _____
Name of New Owner: _____	New Decal No. _____
City _____	State _____ Zip Code _____

<i>Is New address in a Mobile Home Park? If YES, MH Park Name:</i> _____	
<i>Is New Address in a Subdivision? If YES, Subdivision name:</i> _____ <i>Block:</i> _____ <i>Lot #(s):</i> _____	
<i>Is Property where Mobile Home is being located being rented/leased by the MH Owner?</i> YES or NO	

Please circle or check the following circumstance(s) that apply to this Manufactured Home?	
This MH was a Gift to you from somebody else? (circle one) YES or NO I Bought this MH? YES or NO	
Is the <u>Current Owner</u> or <u>New Owner</u> Relocating this MH? (check one) Current _____ New _____	
Was MH repossessed by Lender (name/address) _____	
Was MH traded in to a Dealer (name/address) _____	

MANUFACTURED HOME "MOVING" and/or "SET-UP" CONTRACTOR

Name of Company: _____	License #: _____
Name of Contact Person: _____	Phone (____) _____
Full Address _____	City _____ State _____ Zip Code _____
Email Address _____	CONSTRUCTION VALUE: \$ _____

MANUFACTURED HOME INFORMATION

Make of Manufactured Home _____	Model _____	Year _____
Serial # _____	Length _____	Width _____ Color _____
# of Smoke Detectors _____	# of Tie Downs _____	License Decal # _____
Central Heating & Air (circle one) YES or NO	Cost of Manufactured Home: \$ _____	
This MH is Rated for Wind Zone (circle one) I II III	Is MH Registered in Colleton Co.? YES or NO	
Other Info: _____		

CITY SEWER (circle one) YES or NO -OR- SEPTIC TANK SYSTEM (See below & check one)

Existing Septic Tank _____	New/Standard Septic Tank _____	New/Engineered Septic Tank _____
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POWER COMPANY

(circle one) Coastal Electric – Dominion - Edisto Electric	Member/Acct. Number: _____
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I do solemnly swear (or affirm) that all County and Municipal Taxes legally due by me (*owner*) on this Manufactured Home, have been paid and that County, and Municipal Tax Returns have been made on it.

I hereby certify the above information is correct and understand that if any information is found to be incorrect the permit(s) may be revoked. Signed by: (Circle One) Owner Representative Contractor

*****Acknowledgement of SC6-29-1145 - Is this parcel of land restricted by any recorded covenants or restrictions that are contrary to, or conflict with, or prohibit the activity being applied for? YES or NO**

Signed _____ Date _____ Signed _____ Date _____

ZONING OFFICE USE ONLY:	License Decal # _____	Set-Up Permit # _____	Moving Permit # _____
Current Use of Building/Land: _____			
Proposed use: _____			
Wind Zone: 120 _____ 130 _____ 140 _____	Seismic Zone: C _____ Do _____ D1 _____		
Flood Zone: X 0.2% A AE V VE	FIRM Panel # _____	Base Flood Elev. _____	Determined By _____
Is a Riparian Buffer Required: _____			
Zoning District: VC CC LID ID PDD _____	RC-1	RC-2	RD-1 RD-2 RS UD-1 UD-2
Zoning Overlay: Airport Overlay or Image Corridor Other: _____ Land Area: _____ Acres.			
Zoning Restrictions: Permitted Use Conditional Use Special Exception Temporary Use (Type): _____			
Case Number: _____ Hazard: _____ Substantial Improvement – Floodway - CBRS Other: _____			
Proposed Use: Industrial Commercial Residential Farm Structure Exempt Principal Accessory			
Plat/Site Plan: _____ Landscaping: _____ Parking: _____ Lighting: _____			
Bldg. Setbacks: Front= _____ Side(s)= _____ Rear= _____ Special Setbacks - Corner/Dual Frontage: _____			
Special Exception _____ Variance _____ Special Conditions: _____			
Approved By: _____ Date: _____ Comments: _____			

ASSESSORS/DELINQUENT TAX OFFICE USE ONLY:

<input type="checkbox"/> _____ Tax Year Advanced Manufactured Home Tax Bill.
<input type="checkbox"/> _____ Notice of Change of Ownership for a Manufactured Home.
Action(s) Requested:
<input type="checkbox"/> _____ Advance Manufactured Home Tax Billing.
<input type="checkbox"/> _____ Update Record with New Ownership/Address Information.
<input type="checkbox"/> _____ Separate Land & Manufactured Home for Delinquent Tax Bill (Must Attach Copy of a Court Order)
Copy written request forwarded by: FAX _____ EMAIL _____ HARD COPY _____ to Assessor's Office.
DTO Representative: _____ Date: _____
Request processed by: _____ on _____ Notice sent to ADV. MH WK GROUP by: _____ on _____
(initials) (date) (initials) (date)