



HOKE COUNTY INSPECTIONS

PO BOX 1556 • 423 E Central Ave
Raeford, NC 28376
(910)875-8407 • (910)875-1072 (Fax)

MOBILE HOME SET-UP APPLICATION

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____,
STREET CITY STATE

EMAIL: _____

IS BUILDING TO BE: OWNER OCCUPIED _____, LEASED _____, RENTED _____, OR SOLD _____

CONTRACTOR'S NAME: _____ PHONE # _____

MAILING ADDRESS _____,
STREET CITY STATE

NC LICENSE _____ EMAIL: _____

PROPOSED LOCATION: _____

E-911 ADDRESS

TAX PARCEL ID # _____

IS SITE LOCATED IN A FLOOD HAZARD AREA? YES _____ NO _____ IF SO, WHAT ZONE? _____

TYPE OF MOBILE HOME: () SINGLEWIDE () DOUBLEWIDE () TRIPLE WIDE

SERIAL # _____ MODEL _____ COST _____

YEAR _____ SIZE _____ X _____ NUMBER OF BEDROOMS _____ NUMBER OF BATHS _____

MANUFACTURER _____

I hereby certify that all information in the application is correct and all work will comply with the NC State Regulations for Manufactured Homes Code and all other applicable State and local laws, ordinances and regulations. I will notify the Inspection Department in the event there are any changes in the approved plans of this project.

Owner/Contractor Signature

Date of Application