

Permit Number: _____
(Office Use Only)

**DAVIDSON COUNTY HEALTH DEPARTMENT
APPLICATION FOR MANUFACTURED HOME
CONNECTION AUTHORIZATION**

- 1) Is this a Manufactured Home Park? Yes: _____ No: _____
- 2) If yes, Name of Park: _____ Space Number: _____
- 3) _____
 Manufactured Home Owner(s) Daytime Phone # Email Address

_____ 911 Mailing Address of MH location City State Zip Code

_____ Land Owner/Park Owner Name Daytime Phone #

_____ Land Owner Address City State Zip Code

- 4) Give directions to the property: _____

- 5) Number of bedrooms in the proposed manufactured home: _____ Number of occupants: _____

- 6) Tax Identification Number: _____
(STOP HERE IF THIS IS A PERMITTED MANUFACTURED HOME PARK)

- 7) When was the original septic tank system installed?

Prior to 1990: _____ After 1990: _____

- 8) Has the septic tank system been repaired? _____ If so, when: _____

- 9) List all prior owners of the property:

OWNERS NAME:	DATE(S) OF OWNERSHIP
_____	_____
_____	_____
_____	_____

This application is to the Davidson County Health Department for a Manufactured Home Connection Authorization in accordance with NCGS 130A-337. I declare the information given in this application is true and represents the manufactured home to be placed on the property. I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections

_____ **Date** _____ **Signature of Owner/Agent**

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Initial Site Visit Date: _____ EHS ID: _____ Grid: _____
 Release Date: _____ Comments: _____