

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 _____ City _____ State _____ Zip Code
- _____ Land Owner/Park Owner Name _____ Daytime Phone #
- 4) Give directions to the property: _____

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

10) 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.

_____ Date _____ Signature of Owner/Agent

(Office Use Only)

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