

## **Elbert County Application**

## **Mobile Home Permit**

Rock Solid	Date:/	/		
Owner Information:				
Name:	Add	lress:		
Email:	Phone Number:			
Property Information:				
Address:				
Map: Parcel:	Subdivision:	Lot:	Acres:	
Mobile Home Information:				
Mobile Home Owner:		(name must b	e exactly the same as property o	wner)
Year: Make:	Model:	Serial Nu	ımber:	
Bedrooms: Bathrooms:	Fireplaces:	Length an	d Width:	
Front Deck Square Footage:	Is deck cove	red? Yes/No	*4X6 Minimum*	
Back Deck Square Footage: _	Is deck cove	ered? Yes/No	*4X6 Minimum*	
Mobile Home Mover:	Lice	ense Number:		
Health Department Septic Pe	ermit Number:	(:	Steven Wooten 706-283-3453	3)
**Please attach the bill of sa				obile
homes, we need proof that t	axes are current fron	n county mobi	ie nome is located in.	

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Cimpature of Applicant	Delete d Nove	
Signature of Applicant	Printed Name	