

Mobile Home Park Application
Brunswick County Environmental Health Services
25 Courthouse Dr, PO Box 9, Bolivia, NC 28422
(910)253-2150 - septicplans@brunswickcountync.gov

BCHS File: _____

Tax Parcel: _____

Date of Request: _____ Email: _____

Name (Owner/ Authorized Agent): _____ Number of Bedrooms: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mobile Home Park Name: _____ Lot: _____

Mobile Home Park Address: _____ City: _____ State: _____ Zip: _____

For the above-mentioned property I authorize Brunswick County Personnel to go on said property to make the necessary inspection(s)/evaluation. As owner or his/her authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the property. I understand that legal action may be taken if alteration to the site/approved plans are made or the intended use is changed.

Owner/Authorized Agent Name (Signature): _____

TO BE COMPLETED BY ENVIRONMENTAL HEALTH TECHNICIAN

MHP Operation Permit Number: _____ Building Permit Number: _____

Feel Collected: _____

Reviewed by Name (Environmental Health Technician): _____

AUTHORIZATION FOR MANUFACTURED HOME CONNECTION

REHS Signature: _____

Authorization Issuance Date: _____

Authorization Expiration Date (60 days from Issuance Date): _____