



GRANVILLE COUNTY
INSPECTION DEPARTMENT
MOBILE HOME PERMIT APPLICATION

Owner's Name: _____

Address or Directions: _____

Contact Person: _____ Phone Number: _____

Email: _____

Power Company: _____

Mobile Home Information:

Serial #: _____ Make/Model: _____

Year: _____ Width & Length: _____

TOTAL PROJECT COSTS: _____

Set Up Contractor Information:

Name: _____ License: _____

Phone Number: _____

Electrical Contractor Information:

Name: _____ License: _____

Phone Number: _____

Plumbing Contractor Information:

Name: _____ License: _____

Phone Number: _____

Heating & Air Contractor Information:

Name: _____ License: _____

Phone Number: _____