

**CALHOUN COUNTY
MANUFACTURED HOME CODE COMPLIANCE PERMIT**

Name of Owner _____ Phone # _____

Owner's Address: _____ City: _____ State: ____ Zip: _____

Name of Installer(If Applicable): _____

E-911 Site Address _____ City _____ State _____ Zip _____

Year of Manufactured Home _____ Make _____ SW _____ DW _____

Authorized By _____ Date _____

Name of Power Supplier _____ Tax Map # _____

**Manufactured Homes must be installed according to the rules and regulations of the State and County.
Final power will be authorized after all regulations have been substantially met.**

Permit Number MHCC - _____

Building and Planning

THIS PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUE