

Town of Fairfax 526 Memorial Drive Allendale, SC 29810 803-584-3438

## MANUFACTURED HOME DE-TITLE PERMIT APPLICATION



Department of Building Safety 4795 South Church St. Ext. - Suite 2 Roebuck, SC 29376 864-586-6111

PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2 A LETTER WILL BE SUBMITTED BY EMAIL WITHIN 3 BUSINESS DAYS OF PROPERTY INSPECTION

		OFFICE	USE (	ONLY:				
APPLICATION SUBMITTA		PERMIT FEE: \$CONV. FEE: \$			INITIALC			
PERMIT NUMBER:		TOTAL: \$						
MANUFACTURED HOME	DE-TITLE PERMIT FEE	\$105.00	A 3%				EDIT/DEBIT CARD PAYMENTS. LL RETURNED CHECKS.	
CHECKLIST:								
Title in Name	Paid Tax Receipt	Land and Ho	ome in S	Same Name	L	ien Affidavit (must	match I.D.)	
LOCATION OF	MANUFACTURE	D HOME:		PARCEL ID	#:			
PROPERTY OWNER'S NAM	E:					PROPERTY OWNER	R'S PHONE # WITH AREA CODE	
STREET ADDRESS:			CITY:			STATE:	ZIP	
PROPERTY OWNER'S EMA	IL ADDRESS:							
MANUFACTUR	RED HOME OWN	IER'S INFORM	ATIO	ON:				
HOME OWNER'S NAME:						HOME OWNER'S P	HONE # WITH AREA CODE:	
HOLE OWNERS AND INC	ADDRESS		CITY:			CTATE	Taun	
HOME OWNER'S MAILING ADDRESS:						STATE:	ZIP	
HOME OWNER'S STREET ADDRESS:						STATE:	ZIP	
HOMEOWNER'S EMAIL:								
MANUFACTUR	RED HOME DESC	RIPTION:						
YEAR:	MANUFACTURER:				MODEL:			
SIZE:	COLOR:			VIN NUMBER:				
# OF BEDROOMS:	# OF BATHROOMS:	# OF FIREPLACES:		CONDITION C	F HOME:	USEI	)	
ROOFING MATERIAL:	TERIAL: FOUNDATION/UNE							
HEAT SOURCE: ELECTRIC GAS OTHER				А	IR CONDITION	ING: YES	NO	
PURCHASE DATE:			SALE	AMOUNT:				

UTILITIES:											
POWER COMPANY:				GAS COMPANY:							
WATER:		SEWER:			SEPTIC:						
WELL	PUBLIC		NEW	EXISTING	NEW	EXISTING					
SIGNATURE:											
APPLICANT'S NAME (printed):			COMPANY NAME:		TITLE:						
APPLICANT'S EMAIL AC	DRESS:	APPLICANT'S PHONE # WITH AREA CODE:									
APPLICANT'S SIGNATU	RE:										

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY.

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS