



Fairfield County Community Development

Planning, Building, and Zoning Office

Post Office Drawer 60

Winnsboro, SC 29180



Office: 803-712-6596

Fax: 803-635-0114

MANUFACTURED HOME LICENSE APPLICATION

License Number: _____

Zoning District: _____

Owner: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Land Owner's Name: _____

Tenant's Name if rented or leased: _____

Specific Location: _____

TM#: _____ - _____ - _____ - _____ - _____

SETBACKS FROM PROPERTY LINE – FRONT: _____ SIDES: _____ REAR: _____

Date moved into Fairfield County: _____

Manufacturer: _____ Model: _____ Year Built: _____

L x W: _____ x _____ Serial #: _____

Additions: _____ Color: _____ Cost: _____

Condition: _____ Previous License Number: _____ County: _____

Previous Owner & Address: _____

Year Purchased: _____ Owner Opinion of Value: _____

Water Source – Public: _____ Private: _____ Sewer: _____ Septic Tank: _____

I hereby certify that all county and municipal taxes legally due by me on this manufactured home for the preceding year have been paid; that this manufactured home, its components, systems and appliances meet the criteria of compliance with the Construction and Safety Standards Act and has been properly certified by the Department of Housing and Urban Development. I further certify that placement of the manufactured home will meet the above described setbacks.

SWORN TO AND SUBSCRIBED BEFORE ME

Manufactured Home Owner or Agent

THIS _____ DAY OF _____, 20____