

Application Date #: _____
Application #: _____

Craven County Inspections Department
2824 Neuse Boulevard
New Bern, NC 28562
(252) 636-4987, Fax (252) 636-4984

www.cravencountync.gov



MANUFACTURED HOME INSPECTION

**** All manufactured homes in Craven County must be Wind Zone II or III ****

PROPERTY OWNER:

Name: _____
Address: _____
City: _____ Phone: _____ Parcel I.D. # ____ - ____ - ____

JOB INFORMATION:

Job Site Address: _____
Do you have a health permit? ___yes ___no **If yes**, what is the permit number? _____
Year, make and model of the manufactured home _____
Is the manufactured home: new _____ (or) used _____ Number of bedrooms _____
___Single Wide ___Double Wide ___Triple Wide Length _____ Width _____
Serial number (**required**) _____ Wind zone designation _____
Where is the wind zone label located in the home? _____
Estimated Value of Mobile Home: _____

Please list the following information:

Set up contractor _____ License # _____
Dealer _____ License # _____
Electrical contractor _____ License # _____
Mechanical/Heating and Air contractor _____ License # _____
Plumbing contractor _____ License # _____
What power company will be serving your home? _____

*** Note: All manufactured homes shall be set up such that there is positive drainage from beneath and away from the perimeter of the home per North Carolina Regulations for Manufactured Homes, Sect. 3.3.4**

Applicant Signature _____ Date _____