

**CALHOUN COUNTY
MANUFACTURED HOME 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