

HYDE COUNTY HEALTH DEPARTMENT

1151 Main Street - P.O. Box 100 - Swan Quarter, NC 27885

Telephone 252-926-4200

APPLICATION FOR AUTHORIZATION TO RELOCATE MOBILE HOME

APPLICANT OR LEGAL AGENT: _____

ADDRESS: _____

PHONE: _____

OWNER (if different from applicant): _____

PROPERTY LOCATION (Lot #, Road #, directions to property): _____

NO. OF BEDROOMS: _____ NO OF PEOPLE: _____

WATER SOURCE: COMMUNITY _____ PRIVATE WELL _____

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I declare all the information given in this application is true and I hereby authorize the Hyde County Health Department personnel to go on said property to conduct an existing system inspection.

Signature of Applicant

Date