



**SPARTANBURG COUNTY MOBILE HOME DE-TITLE PERMIT APPLICATION**

(864)596-2727 OFFICE NUMBER  
(864)596-3160 INSPECTION NUMBER

**Location of home:**

Mobile Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Map/Parcel #: \_\_\_\_\_

**Mobile Home Owner's Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mobile Home Description**

Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model \_\_\_\_\_  
Size: \_\_\_\_\_ Color: \_\_\_\_\_ Vin Number: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_ Number of Bathroom(s): \_\_\_\_\_ Number of Fireplace(s): \_\_\_\_\_  
Roofing Material: \_\_\_\_\_ Foundation/Underpin: \_\_\_\_\_ Exterior Finish \_\_\_\_\_  
Heat Source: Elec Gas Other \_\_\_\_\_ A/C: Yes or NO Condition of home: New or Used  
Purchase Date: \_\_\_\_\_ Sale Amount: \$ \_\_\_\_\_

**Utilities:**

**Power Company:** \_\_\_\_\_ **Gas Company:** \_\_\_\_\_  
**Water:**  Well  Public **Sewer:**  New  Existing **Septic:**  New  Existing

Directions leaving our office : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*OWNER/AGENTS ARE RESPONSIBLE FOR CHECKING ANY DEED RESTRICTIONS AND COVENANTS\*\*\***

\_\_\_\_\_  
PRINT APPLICANT NAME

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Check List**

- Title in Name
- Paid Tax Receipt
- Lien affidavit
- Must match ID
- Land and Home in same name or a notarize statement



**(Warning:** the execution and filing of affidavit transfers ownership of the manufactured hoe to the lawful owner of the real property to which it is affixed.)