

EVERY COUNTY INSPECTIONS DEPARTMENT

P.O. BOX 596

NEWLAND, NC 28657

TELEPHONE: 828 733-8204

FAX: 828 733-7003

MOBILE HOME SET-UP CONTRACTOR INFORMATION SHEET

NAME: _____

BUSINESS NAME: _____

BUSINESS PHONE: _____

N.C. LICENSE NO: _____

PROJECT INFORMATION:

PROPERTY OWNER: _____

LOCATION OF JOB: _____

I, the undersigned, have read and understand the *General Statutes* pertaining to mobile home set-up contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibilities and liability of a mobile home contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the Avery County Inspections Department immediately by phone or in person, or writing within three (3) working days.

SIGNATURE: _____

DATE: _____