South Carolina Department of Labor, Licensing and Regulation
South Carolina Manufactured Housing Board
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4682 • contactllr@llr.sc.gov • Fax: 803-896-4814
www.llronline.com/POL/ManufacturedHousing

Manufactured Home Installation Certification

Customer: _____

Installation Address: _____
(*Address where home will be installed.*)

Manufactured home will be located on: (*Check one*): ◯ Private Property ◯ Park

Manufacturer and Model Number: _____

Check one: ◯ New ◯ Pre-Owned
◯ Single Section ◯ Multi-Section

Serial Number: _____

Retail Center Name: _____

Salesperson's Name: _____

Name of Licensed Installer: _____ License Number: _____

Installer's Address: _____

I, _____, certify that the manufactured home will be/has been installed in accordance with the installation guidelines of the manufacturer.

_____ _____
(Signature of Licensed Installer) Date

_____ _____
(Signature of Sales Manager) Date

South Carolina Zoning/Utility Certification

Date: _____ Serial Number: _____

Retail Center Address: _____City:_____State:____Zip:_____

Licensed Salesperson: _____

GENERAL:

Customer: _____

Installation Address: _____
(*Address where home will be installed.*)

Manufacturer and Model Number: _____

Check one: ◯ Single Section ◯ Multi-Section

ZONING:

Property Located Within City Limits: ◯ Yes ◯ No

Property Zoning Designation (*if applicable*): _____

Manufactured home will be located on: (*Check one*): ◯ Private Property ◯ Park

I certify that the manufactured home meets or exceeds all zoning requirements applicable to the property on which the home is to be installed and have checked with the proper city/county building officials and obtained all of the necessary building permits.

_____ _____
(Customer's Signature) Date

WATER AND SEWER:

Home will use: ◯ Private Well ◯ Public Water

◯ Septic Tank ◯ Public Sewer

I certify that the property on which the home is to be placed meets or exceeds or can be made to meet the regulations of the South Carolina Department of Health and Environmental control Governing wells and septic tanks.

_____ _____
(Signature of Licensed Installer) Date

_____ _____
(Signature of Sales Manager) Date