

Spartanburg County Building Codes 366 N Church St, Suite 500 Spartanburg, SC 29303

Mobile Home Moving Permit (MOBILEHOME-0824-3535)

Contact Information

Agent or Contact Person

SAWMILLS & SAWGRASS LLC

Mobile Home Owner

SAWMILLS & SAWGRASS LLC

Mobile Home Mover

SAWMILLS & SAWGRASS LLC

Property Owner

PIPER INVESTMENT PROPERTIES LLC & ROOST 808 LLC

Mabile Home to be Moved

Decal #: 6001520

Manufacturer: OAKWOOD

Model: HONC

Serial #: HONC07708158

Size: 0

Year: 1997

Present Location

Address:

408 HOPE PARK DR

City, State Zip:

UNA, SC 29378

County:

SPARTANBURG

Parcel Number:

6-13-14-093.00

Future Location - Out of Spartanburg County

Address:

150 BENNER RD LAURENS SC 29360

Permit Information

Issued By:

ALESYA MIKHAYLENKO

Issued Date:

08/16/2024

Note: This moving permit must be displayed so as to be readily visible from the rear of the mobile home while being moved!

Spartanburg County Building Codes 366 North Church St Spartanburg, SC 29303 (864)596-2500

08/16/2024 03:14PM Alesya M. 006361-0005

ENERGOV INVOICE

, FLAVIA M (SAWMILLS & SAWGRASS LLC)

2024 Item: INV-00031673

Balance due: \$0.00 \$53.00

\$53.00

 Subtotal
 \$53.00

 Total
 \$53.00

CHECK \$53.00

Check Number 245

Change due \$0.00

Paid by: , FLAVIA M (SAWMILLS & SAWGRASS

Thank you for your payment

CUSTOMER COPY

Supplement To 2024 Real Estate Digest Spartanburg County Assessor Copy

8/16/2024





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						•		
PO	вох	975					•	
UNA SC 29378					408	HOPE PARK I	DR	
	Lots	Acres	Land Value	Land Assd	Impr Value	Impr Assd	Parcel Ta	x Map Number
00					7,400	296	6-13-14-093	.00-1708502
RG							SWkN Wk-N	lew Supplement
MV							Receipt: 000000000	
AG							Current/Delinq	uent: D
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- Mobile Home Information		Fill Fee Code:	« Y	Units 1 Fe	e: 74.00			
Make: OAKWOOD								
; Model: Year: 1997 `			Othe	r Fee Code:	10	Units Fe	96 :	
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် ရ	SPARTANBURG COUNTY MANUFACTURE HOME PERMIT APPLICATION (864)596-2727 OFFICE NUMBER	—
Φ Δ	(864)596-3160 INSPECTION NUMBER Mobile Home Permit Type	
o *	**In the event of a refund or cancellation of a permit request, a \$32.00 administrative fee will be charged**	
* *	Location of home:	
e ¹⁰	Location of home: Mobile Home address: 108 Hope Pavl Decal only	
. o	Subdivision/Mobile Home Park Name:	
,	Lot #:Map/Parcel #: 6 -13 19 2 09 3 - 19 8 3 0 0	
,	Is this a 2nd Structure? If more, how many?	
*	Is this a Replacement/ Trade in?	
o ^^	Mahila Harra Courada Marillana I I	
9	Mobile Home Owner's Mailing address Name: FUNH TANNI & SAMILLS & SAWJISS LLC	
3	1 Address: VI/CL X/III/M (()	
. 1	City / My Mysolfe State: MD Zip: 2018/1 Home Phone: 202 499 299/	
•	Land Owner's Information (if different)	
	Name:	
	City	
	Home Phone.	
Janua	con/Mabile Home Dealer	
Name:		
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SPARTANBURG COUNTY MANUFACTURE HOME PERMIT APPLICATION

Mobile Home Permit Type

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

CANOLI	(004)330-3100 HV31 ECTION NOWIDER	☐ Move & Set Up
**In the event of a refu	nd or cancellation of a permit request, a \$32.00 administrative fee will be charged*	_ □Change of Ownership
]
Mobile Home addre	ss: 408 Hope Park	□ Decal only
City: ()N	State: Zip:	□Reconnect Power
Subdivision/Mobile	Home Park Name: Hope PAWC	☐ Move out of County
Lot #: Map/	Parcel #: 6 -13-14+ 693 - 1708502	□Demo
		_
Is this a 2nd Structu	re? If more, how many?	Likepo
	nt/ Trade in?	
Trade in info:		
***		_
Mobile Home Owne	er's Mailing address.	
Name:	FORTH TAVAY IN SIMMUS SI	myrs CLC
Address: V12	22 Kinney St Mx	
City	Hy Misorte The State:	49 29 40
Home Phone:	9101 277 927) Cell Phone: 202	999 Z9 90 1
Land Owner's Inform	mation (if different)	
Address:		
City	State:	Zip:
Home Phone:	Cell Phone:	
		· · · · · · · · · · · · · · · · · · ·
Contractor/Mobile	Home Dealer	
	Li	icense #:
Address:	City: St	tate: Zip:
Previous Location a	nd/or Mobile_Home Owner's Information (if available)	, ^
Previous Location ac	ddress: Tax Mai	p #
Name:	SMIMILLS SMIMA LIL	
Address:	150 Bumor KD.	
City	1 AURIM State: JC	Zip: 29360
	V. · · · · ·	
Mobile Home Descr	iption Is this Home Owner Occupied	d? □Yes or □Nd
Year: N	Nanufacturer: OMCWOOD Strip Home Owner Occupied	HMC
Size:	Nanufacturer: UT (CWON) Model Vin Number: H	ON(0)108158
Number of Bedroom		
Roofing Material:	Multiple Foundation/Underpin:	Exterior Finish
Heat Source: Elec		
Purchase Date:	Sale Amount: \$	
Utilities:	-1 %	-
Power Company:	Gas Company:	
	Water: □ Well □ Public Sewer: □ New □ Existing Septic: □	□ New □ Existing
		<u> </u>
Directions leaving or	ur office :	
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0	WNER/AGENTS ARE RESPONSIBLE FOR CHECKING ANY DEED RESTRICT	IONS AND COVENANTS
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TAMIL	- TAWAU DZ	8/16/24
TAYA PRINT APPLICANT N	- TAMU DZ	8/16/24 ATE



Mobile Home Permit Verification Form

OFFICE OF THE ASSESSOR

County Administrative Building Room 800 366 North Church Street P.O. Box 5762

Spartanburg SC 29303 Office: 864-596-2544 Fax: 864-596-2223

WWW.SpartanburgCounty.ORG

The intended use of this form is for verification of mobile home title and property information listed on the tax record and to obtain and verify proof of ownership prior to the permitting process in Building Codes. It also serves as Certification of Paid taxes that is required in § 31-17-360.

If any information changes during the permitting process this Verification Slip is voided.

Work Description: Moving Out Cnty/New Owner

Expiration Date of this Document: 8/16/2024

If this is a Detitle: Do you want the COC N/A? Contact Person:

Phone:

Mobile Home Assessor Information (FILTER VIN IN ASSESSPRO)

Current Parcel ID # 6-13-14-093.00-1708502 Account# 109898

Current Location: 408 HOPE PARK DR UNA SC 29378

VIN#: **HONC07708158**

Make: **OAKWOOD** Year: 1997

Property/Land Owner: PIPER INVESTMENT PROPERTIES LLC & ROOST 808 LLC

If it's different a Notarized permission letter or signed letter and copy of ID is needed from current owner.

Moving Permit Information

Parcel ID Where Moving To#: MOVING TO LAURENS CO Account#

Location Moving To:

Is there a home already listed at the new location:

CHECK GIS DATA

N/ATreache-Ton Proceed

Mobile Home Owner Information: Title attached

Sale Date: 8-16-20

Sale Amount: \$5500

Sale is for: MH ONLY

Name: SAWMILLS & SAWMILLS LLC

Contact Number: 864-205-2764

Mailing Address: 4222 KENNEDY ST HYATTSVILLE MD 20781-1935

Taxpayer Signature

Assessor's Office Employee Verifying Data: Barbara Baker Date of Verification: 8/16/2024

Signature of Employee:/

Certification of Paid Taxes

The South Carolina Code of laws Section 31-17-360 requires a certificate from the county Treasurer and Tax Collector that all taxes are paid on the home prior to a permit being issued.

Mobile home is taxed separately from the land.

2024

Treasurer Office Certification



LAURENS COUNTY BUILDING CODES P O BOX 815, LAURENS, SC 29360 PHONE (864) 984-6659 | FAX (864) 984-1502



MANUFACTURED HOME PERMIT APPLICATION

APPLICANT'S NAME: FLAMA FAVAN, SAWALLE & SAWGRASUL
PROPERTY OWNER'S NAME:
PROPERTY 911 ADDRESS: 150 Benner 12D.
CITY: 1 PUNUS STATE: SC ZIP: 99360
DAYTIME PHONE: 212 494 294 EMAIL: + AVIR 4222 C/MCN+, M
INSIDE TOWNSHIP: YES NO NAME OF TOWNSHIP:
FLOOD AREA: YES NO
OFFICE USE ONLY
TAX MAP #: 294-00-10 182 FIRE DISTRICT: SCHOOL DISTRICT:
MANUFACTURED HOME DETAILS
DATE OF PURCHASE: 8/16/24 PURCHASE PRICE: 5500
MANUFACTURER OF HOME: MANUFACTURER OF HOME: MANUFACTURER OF HOME: MANUFACTURER OF HOME: 1997
VENDOR/SELLER: <u>UICICIE AM BYM</u>
CURRENT LOCATION OF HOME: 408 Hope PINCL DV UNASC
SERIAL #: HON (07) 08/58 MODEL #: HONC
SIZE OF HOME: LENGTH: 67 WIDTH: 19
COLOR:COLOR OF SHUTTERS:
NAME OF MOVER: Scrugge Mobile Home MANNES
LAND OWNER'S NAME: FLYND T-AVAM
LAND OWNER'S 911 ADDRESS: YZZZ KINNIK ST
CITY: My MSVILL STATE: MD ZIP: 2078)
PHONE NUMBER: 712 494 7140
UTILITIES
SOURCE OF HEAT: GAS ELECTRIC WOOD AIR CONDITIONING: YES NO
SEPTIC TANK: NEW EXISTING PUBLIC SEWER: NEW EXISTING
POWER COMPANY: GAS; COMPANY:
I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE:
APPLICANT'S SIGNATURE: DATE 8/21/24
DAYTIME PHONE: 202 4942911 REV DATE: 8/5/2019

EHICLE ID NUMBER HONC07708158

ODY STYLE

TIPLE NUMBER 27,70420469658630

ивн 🔨 VEHICLE BRAND (S)

EXEMPT

FULL NAME OF OWNER

SAWMILLS & SAWGRASS, 778 BOYD RD LAURENS SC 293606038

R NUMBER 3 034709864

TIFIES THAT THE PERSON HEREIN VEHICLE DESCRIBED SUBJECT TO THE SOUTH CAROLINA DEPARTMENT OF MOTOR IS REGISTERED BY THIS DEPARTMENT AS THE THE LIENS, IF ANY, HEREIN SET FORTH

*KEVIN A. SHWEDO EXÉCUTIVE DÍRECTOR

058349497