

**APPLICATION TO PARTICIPATE IN WILSON COUNTY'S ABANDONED  
MANUFACTURED HOME REMOVAL PROGRAM**

*INSTRUCTIONS:* Clearly print or type all sections below. Mail or deliver the completed form to:

***Tiffany Purdy  
2201 Miller Road S  
Wilson, NC 27893  
252-399-2866***

A. Owner Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

B. Abandoned Home Information

Make & Model \_\_\_\_\_

Color \_\_\_\_\_

Dimensions \_\_\_\_\_

Serial Number \_\_\_\_\_

C. Location

Provide the address & directions to the location of the abandoned home.

\_\_\_\_\_

D. Name, address, and phone number of land owner where the manufactured home is located, if different from Owner \_\_\_\_\_

\_\_\_\_\_

E. Tax Information

All taxes (current and past) have been paid on this manufactured home and there are no outstanding liens against the home.

The abandoned home to be deconstructed is or was listed with the Wilson County Tax Assessor's Office in the name(s) of:

\_\_\_\_\_

F. Agreement/Consent

By signing this application, I/we agree to remove all personal items from the home prior to deconstruction; disconnect or cause all utilities to be disconnected including water and electricity; and that reasonable access to the home for trucks and heavy equipment will be provided. I/we also agree that there are no violations of Wilson County Codes or the North Carolina Administrative Code regarding this property and grant Wilson County staff full access to the property. I/we certify that we are the owner of the manufactured home and have full authority to authorize its removal. I/we agree that any cost over the allotted \$1500 per Single Wide homes and \$2500 per Double Wide homes will be the responsibility of the owner, payable to Wilson County.

G. Title

For the manufactured home, the Owner shall deliver to Wilson County either (1) the original title, or (2) a duplicate title, or (3) a document recorded in the Wilson County Register of Deeds showing that the home has been attached to real property and the title has been cancelled by DMV.

H. Certification of Compliance

By signing this application, I certify that the manufactured home to be deconstructed was not brought into Wilson County for the purpose of being included in this program.

NOTICE: Any violation of the terms of this program, including this application, voids participation.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

For Questions concerning this application, please contact:

Tiffany Purdy 252-399-2866; email [tpurdy@wilsoncountync.gov](mailto:tpurdy@wilsoncountync.gov)

In order to remove this manufactured home you must submit a listing form to the Tax Assessor's Office or other responsible County entity

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Application Number: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

Contractor Notified: \_\_\_\_\_

Processed By: \_\_\_\_\_