ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

MANUFACTURED HOME PERMIT APPLICATION

OWNER / APPLICANT INFORMATION

Owner:			Mailing address:	
City:	State:	Zip:	Phone:	
Email:		_		
Applicant:			Mailing address:	
City:	State:	Zip:	Phone:	
Email:		_		
PROPERTY INFORMATION:	Please check th	e appropriat	e boxes and fill in the blank spaces.	
1) PROJECT ADDRESS:				
2) TOTAL AMOUNT OF LAND	AREA TO BE DI	STURBED:		
3) WATER/SEWER: Publi	c Water 🔲 We	ell 🗌 Public	Sewer Septic System	
4) POWER COMPANY:	Duke Energy	Energy	United Blue Ridge	
DESCRIPTION OF MANUFAC	CTURED HOME			
Size: x Make: _			Cost: \$	
Single Wide: Double W	ide: Triple	e Wide: 🗌	Model Year:	
# of Bedrooms:	# of Bathrooms:		# of Fireplaces	
Type of Heat: Electric	Gas 🗌 🔠	Heat Pump [Other	
Electrical Service:	amps			
Front deck size: (min 48 sf)	x	Rear de	ck size: (min 3 x 3) x	
CONTRACTOR INFORMATIO	<u>N</u>			
SET-UP CONTRACTOR:				
License #: En	nail:			
Phone #:				_
ELECTRICAL CONTRACTOR:				
License #: En	nail:			
Phone #:				_
DITIMBING CONTRACTOR				
1 Hone #				_
MECHANICAL CONTRACTOR	₹:			
License #: En	nail:			
Phone #:				_

CONTACT INFORM	<u>ATION</u>		
Mobile Home Deal	er:	Pho	ne #:
Contact person nar	me:	Email:	
Contact person pho	one #:		
hereby certify that understand that fa Alexander County public request. I requirements are p All permits issued stops for a period of	oletely read the application and information given all lise information may be gother and the granted right-of-entricular further understand the bunishable as a Misdemea SHALL EXPIRE SIX (6) MC	pove is true, complete and accur grounds for rejection of this applic y to make evaluations or inspecti t failure to abide by certain Stanor. ONTHS after the date of issuance	is listed above. I, the undersigned, do ate to the best of my knowledge. I ration. Authorized representatives of ons and to release information upon op Work Orders or other statutory if work has not commenced. If work shall be performed until a new permit
(Signature)		(Printed Name)	(Date)
	SECTION BELOV	W FOR OFFICE USE ONLY	
Zoning:	\$	_	
SW/DW/TW:	\$	_	
Electrical:	\$	_	
Plumbing:	\$	_	
Mechanical:	\$	_	
Gas Piping:	\$	_	
TOTAL:	\$	_	
Date Paid:		_	
CC, Cash or CK #:		_	
ву:		_	

Munis #: _____ Parcel #: _____