



ALEXANDER COUNTY PLANNING AND ZONING

151 W Main Ave, Taylorsville, nc 28681

Manufactured Home Permit (Attach to an Official Zoning Permit)

APPLICANT: _____ TELEPHONE #: _____

ADDRESS: _____

PROPERTY OWNER (if different): _____

ADDRESS: _____

PROPOSED HOME LOCATION: Individual Lot Subdivision Manufactured Home Park

PROPOSED MANUFACTURED HOME: NEW USED MANUFACTURED HOME VIN#: _____

TYPE OF MANUFACTURED HOME (circle one): SINGLEWIDE DOUBLEWIDE MULTI-SECTIONAL

MODEL YEAR: _____ MANUFACTURER: _____ SIZE: _____

ROOF CONSTRUCTION (please circle): SHINGLE METAL TYPE (please circle): FLAT PITCHED

EXTERIOR FINISH (please circle): VINYL SIDING WOOD/HARDBOARD SIDING METAL

TYPE OF UNDERSKIRTING (UNDERPINNING): _____

SIZE OF DECK OR PORCH ON FRONT OF HOME: _____ REAR: _____

****PLEASE NOTE THAT A 48 SQUARE FOOT DECK ON THE FRONT OF THE HOME IS REQUIRED****

By signing below, I certify that all of the statements made in this application and all the attached documents are true and complete to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. By signing below, I also acknowledge that the approval of this permit does not indicate compliance with deed restrictions or restrictive covenants. It is the sole responsibility of the applicant to ensure compliance with such restrictions. **A zoning permit shall be void unless the work authorized by it begin within SIX (6) MONTHS of its date of issue, or if the work authorized by it is suspended or abandoned for a period of ONE (1) YEAR.** If special assistance is needed with this permit, please contact Alexander County Planning and Zoning for assistance of any kind with this permit.

(Applicant's Name-please print)

(Applicant's Signature)

(Date)

STAFF USE ONLY – APPLICANT: DO NOT WRITE BELOW THIS LINE

ZONING FILE #: _____

Comments: _____

APPROVED DENIED Staff Initials: _____ Date: _____ Permit No. _____