

ALEXANDER COUNTY INSPECTIONS

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

MANUFACTURED HOME PERMIT APPLICATION

OWNER: _____ DATE: _____

ADDRESS: _____ PHONE:(____) _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER: _____

DIRECTIONS TO PROPERTY: _____

*****EACH CONTRACTOR MUST VERIFY WITH THEIR*****
*****CONTRACTOR IDENTIFICATION NUMBER*****
*****BEFORE ANY INSPECTIONS CAN BE MADE*****

M.H. DEALER: _____ PHONE# _____ LICENSE# _____

SET-UP CONTRACTOR: _____ LICENSE# _____

ELECTRICAL CONTRACTOR: _____ LICENSE# _____

PLUMBING CONTRACTOR: _____ LICENSE# _____

MECHANICAL CONTRACTOR: _____ LICENSE# _____

Circle the following:

TYPE: Single Wide / Double Wide / Triple Wide TYPE: New Home/New Lot Replace older model

POWER CO: Duke Power/Taylorsville Duke Power/Hickory Energy United Blue Ridge EMC

TYPE OF WATER: Public Private Other TYPE OF SEWER: Public Private Other

SIZE: _____ YEAR MODEL: _____ MANUFACTURER: _____

Number of Bedrooms: _____ Number of Baths: _____ Size of Electrical Service: _____ AMPS

E) REQUIRED SIGNATURES:

I certify that I completely read the application and understand the guidelines as listed above. I, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my knowledge. 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. I further understand that failure to abide by certain Stop Work Orders or other statutory requirements are punishable as a Misdemeanor. All permits issued SHALL EXPIRE SIX (6) MONTHS after the date of issuance if work has not commenced. If work stops for a period of twelve (12) months, the permit SHALL EXPIRE. No work shall be performed until a new permit has been secured with applicable fees paid.

(Applicant's Name-please print)

(Applicant's Signature)

(Date)

****If the applicant is NOT the property owner, the property owner MUST complete the statement below and have it notarized authorizing the applicant to sign the application ****

I, _____, hereby authorize _____ (applicant) to submit a building permit application for the subject property.

Owner's Signature

Date

Sworn and subscribed to before me this the _____ day of _____, 20_____.

My Commission expires: _____

Notary Public

(SEAL)

-----OFFICE USE ONLY BELOW THIS LINE-----

CIN Verifications:

Zoning: \$ _____
Manufactured: \$ _____
Mechanical: \$ _____
Other: \$ _____
TOTAL: \$ _____
Date Paid: _____
Cash or Check#: _____
By: _____

General: _____
Date: _____ By: _____
Electrical: _____
Date: _____ By: _____
Plumbing: _____
Date: _____ By: _____
Mechanical: _____
Date: _____ By: _____

Permit #:	
Map #:	
Lot #:	
Township #:	
Census Tract #:	

Approved By: _____ Title: _____ Date: _____