



CATAWBA COUNTY MOBILE HOME PERMIT APPLICATION

P.O. BOX 389, NEWTON, NORTH CAROLINA 28658
NEWTON OFFICE NUMBER: (828) 465-8399
NEWTON FAX NUMBER: (828) 465-8962

www.CatawbaCountyNC.gov

PROPERTY LOCATION: Property ID #: _____ Date: _____

Physical Street Address: _____

City: _____

YOU WILL BE ASKED TO GIVE DRIVING DIRECTIONS AT THE TIME OF ISSUING THE PERMIT

Home Owner Name: _____ Phone# _____

Address: _____ Email _____

Name of Set Up Contractor as Listed in License Book: _____

Address: _____

State License #: _____ Phone#: _____ Email _____

Dealership (if applicable)

Name: _____ Phone#: _____ Email _____

Type of Mobile Unit: Singlewide Mobile Home Doublewide Mobile Home Triplewide Mobile Home

New Moved from other location *Prior address _____

Unit Make _____ Serial Number _____

Size _____ X _____ Year _____ HUD Approved Yes No Gas Logs Yes No

*****Cost of Set up of the Mobile Home** _____

Number of Bedrooms _____ Number of Full Bathrooms _____ Number of Half Bathrooms (Toilet & Sink only) _____

Type of Heat _____ Factory Installed Heating Unit Site Installed Heating and/or AC Unit

****Property owner or licensed contractor must apply for permits electrical, plumbing, and mechanical. Any contractors performing work on the home must comply with the licensing requirements of the State of North Carolina. The mobile home permits including inspection of steps, decks (if built before final inspection), skirting and setup. Any decks or porches added to the mobile home after a certificate of compliance has been issued, requires an additional permit for the work under construction. Attached or Detached garages require a separate permit.**

APPEARANCE REQUIREMENTS FOR COUNTY PLANNING AREA

Roof Type: Shingle Metal

Exterior Siding Type: Vinyl Metal Other Approved Type _____

Did Parcel Exist Prior to March 19, 1996 Yes No

****Tax records must be provided if home is metal on metal to confirm being in the County prior to March 19, 1996.**

ENVIRONMENTAL HEALTH INFORMATION

Sewer Type: Septic Tank City Sewer/Private System _____

Water Type: Well/Community Well City Water/Private System _____

ZONING INFORMATION

Zoning District: _____ Set Backs: Front _____ Side _____ Rear _____

The undersigned makes application for permits and inspection of work described and agrees to comply with all applicable state, county codes, and laws regulating the work and understands that a Certificate of Occupancy is required prior to occupying the premise. ****Double Fee charges apply to work started prior to obtaining permit****

Set-Up Contractor PRINT NAME _____ Signature _____