

Building Inspections

PO Box 548
Pittsboro, NC 27312
(919) 542-8230

Permit #: _____

Parcel (AKPAR) #: _____

APPLICATION FOR MOBILE HOME PERMIT

Chatham County, North Carolina

Page 1 of 3

This is a FILLABLE FORM.

Applicant Information:
Name _____
Address _____

Email _____
Work Phone# _____
Cell Phone# _____

Landowner Information (as appears on deed):
Name _____
Address _____

Email _____
Work Phone# _____
Cell Phone# _____

Location of Property: 911 Address _____
Park Name: (if applicable) _____ Lot Number _____

In the space provided, give ***specific directions to the property from Pittsboro:*** _____

Are there any other houses, mobile homes, or other dwellings on your lot now? yes no If yes, how many? _____
If yes, is dwelling to be removed yes no OR has dwelling recently been removed? yes no If yes, when? _____

Mobile Home Information:

Mobile Home Owner (if different from applicant or landowner): _____

Single Wide Size: _____ x _____ Year: _____ Value/Cost \$ _____

Double Wide Number bedrooms: _____ Number bathrooms: _____
Triple Wide Skirting: __ Masonry __ Vinyl __ Other: _____
Quad Wide VIN/Serial Number: _____
Other _____ Intended Use: __ Permanent Residence __ Rental __ Other _____

Tax moving permit **required** from the tax collector of the county the home is currently located.

Exception: A new home from a manufacturer or retailer. Reference NCGS 105-316.1.

Accessory Structures:

____ Deck (no roof) size: _____ x _____ Carport, size: _____ x _____
____ Porch size: _____ x _____ Other: _____

Water Source: Well Pittsboro State Community (letter **required**) County (Public Works receipt **required**) Aqua
Sewer Source: Private Pittsboro State (NCDENR permit copy may be required) Aqua

Onsite Project Contact: _____ **Contact Number:** _____

CONTRACTOR INFORMATION:

SET UP CONTRACTOR:

Business Name _____ License # _____ Telephone # _____

ELECTRICAL:

Business Name _____ License # _____ Telephone # _____

MECHANICAL:

Business Name _____ License # _____ Telephone # _____

PLUMBING:

Business Name _____ License # _____ Telephone # _____

****Contractor Verification Affidavit(s) are required for ELECTRICAL, MECHANICAL & PLUMBING contractors listed****

Land & Home Owner is the contractor of record for the following: ****Notarized Owner Builder Statement Required

SET UP CONTRACTOR ELECTRICAL MECHANICAL PLUMBING

Planning Department

PO Box 54
Pittsboro, NC 27312
(919) 542-8204

APPLICATION FOR MOBILE HOME PERMIT
Chatham County, North Carolina
Page 2 of 3

Use:
Type of Use: (i.e., primary dwelling, accessory dwelling, or storage) _____

***Will there be any exterior lighting?** **Yes** **No** **If yes, please request additional information from Planning staff.**

Proposed Building Height: _____ **Maximum 60 ft**

Setbacks: How far is the mobile home from?

	<i>Proposed</i>	<i>Minimum</i>		<i>Proposed</i>	<i>Minimum</i>
front property line:	_____	_____	a mobile home:	_____	_____
side 1 property line:	_____	_____	rivers or streams:	_____	_____
side 2 property line:	_____	_____			
back property line:	_____	_____			

I certify that if I change the position of the proposed structure from what is shown, it will meet the minimum setback requirements.

SITE PLAN MUST BE ATTACHED

Planning fee of \$20 is not refundable due to a minimum \$25 refund limit.
PERMITS SHALL BE VALID FOR A PERIOD OF SIX (6) MONTHS

Applicant/Landowner/Contractor Signature

Date

PLANNING/ZONING DEPARTMENT:

FOR OFFICE USE ONLY

Zoning District _____ Watershed _____ Jordan Lake Buffer Area yes no

Township _____ T-Code? yes no If yes, T# _____

Flood Map # _____ Flood Zone _____ Elevation _____

02/02/2007

Comments: _____

Planning Department _____ Date: _____

Signature

City View #: PL20 **Check#:** _____ **C.C.** _____ **Cash** _____

Building Inspections

PO Box 548
Pittsboro, NC 27312
(919) 542-8230

APPLICATION FOR MOBILE HOME PERMIT
Chatham County, North Carolina
Page 3 of 3

This application must be completed in full and have copies of approvals from applicable departments prior to permit issuance.

- Erosion *Required for all residential lots except locations in Goldston & Siler City ETJ.
Contact: Erosion and Sedimentation Control, 919 545-8343.
- Env. Quality *Required storm water management for land disturbance greater than 20,000 sq ft except Goldston,
Pittsboro & Siler City ETJ. Contact: Environmental Quality, 919 542-5516.
- Zoning *Required for setbacks from property lines except in Siler City ETJ.
Contact: Chatham County Planning Department, 919 542-8204.
Contact: Town of Pittsboro Planning Department, 919 542-1655.
- Env. Health *Required for property that utilizes private septic systems and/or wells.
Contact: Chatham County Environmental Health, 919 542-8208.
- Co. Water *Copy of tap-on receipt stamped "ok to permit" required for projects that utilize county water.
Contact: Chatham County Public Works, 919 542-8270.
- Tax Dept *Tax moving permit required from the tax collector of the county the home is currently located.
Contact: Chatham County Tax Department, 919 542-8250.
- Bldg Inspections *Reviewed plans are required for any accessory structure, addition, deck or porch prior to permit issuance.
Contact: Chatham County Central Permitting, 919 542-8230.

READ AND SIGN

This permit shall be revoked for any substantial departure from the approved application, plans or specifications; for refusal or failure to comply with the requirements of the North Carolina State Building code or any other applicable State or Local laws; or for false statements or misrepresentations made in securing this permit. (G.S. 153A - 362)

I hereby certify that I am making this application for the landowner or myself, and that the information given is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

A permit shall expire six (6) months, after the date of issuance if an inspection on the work authorized by the permit has not been made. If after commencement, the work is discontinued for a period of twelve (12) months, and an inspection has not been made the permit shall expire. Work authorized by any permit that has expired shall not continue until a new permit has been secured.

The permit fee shall be doubled for beginning work without a permit.

Applicant/Landowner/Homeowner/Contractor Signature

Date

REFUNDS ARE ISSUED ON VALID PERMITS THAT HAVE NOT EXPIRED

*******For Use By Central Permitting Staff Only*******

Cost of Permit \$ _____

Building Inspections: _____
Code Enforcement Officer Signature Permit Tech Initials Date

Inspections Plan Review: Approved by _____ Date _____ Total sq ft: _____

Comments:

