



TRANSYLVANIA COUNTY  
NORTH CAROLINA

BUILDING PERMITTING AND ENFORCEMENT  
[www.transylvaniacounty.org/departments/building-permitting-and-enforcement](http://www.transylvaniacounty.org/departments/building-permitting-and-enforcement)  
PHONE: (828) 884-3209

### Manufactured Home Permit Application

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Directions \_\_\_\_\_

Site Address (884-3108 x 1) \_\_\_\_\_ City \_\_\_\_\_

Property Owner \_\_\_\_\_

Tax Map/Parcel #: <https://gis.transylvaniacounty.org> \_\_\_\_\_

Property Location: City \_\_\_\_\_ County \_\_\_\_\_ With-in 1 Mile of City Limits \_\_\_\_\_

Is this property within a designated flood zone? [www.ncfloodmaps.com/](http://www.ncfloodmaps.com/) Yes \_\_\_\_\_ No \_\_\_\_\_

Manufactured Home Park: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: Singlewide \_\_\_\_\_ Doublewide \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ Cost of Home \$ \_\_\_\_\_

Utilities: Water: Public \_\_\_\_\_ Private \_\_\_\_\_

Sewer: Public \_\_\_\_\_ Septic \_\_\_\_\_

Power: Duke \_\_\_\_\_ Haywood \_\_\_\_\_

Decks: \_\_\_\_\_ x \_\_\_\_\_ \_\_\_\_\_ x \_\_\_\_\_ (additional \$75 fee for decks larger than 6 x 6)

Mobile Home Manufacturer/Dealer: <http://mbdpublic.ncdoi.net/public/licCompanySearch.html>

Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Mobile Home Set-Up Contractor: <http://mbdpublic.ncdoi.net/public/licCompanySearch.html>

Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Electrical Contractor: [www.ncbeec.org](http://www.ncbeec.org)

Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Plumbing Contractor: [www.nclicensing.org](http://www.nclicensing.org)

Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

HVAC Contractor: [www.nclicensing.org](http://www.nclicensing.org)

Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby agree to conform to all applicable Transylvania County Ordinances and laws of North Carolina.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Office Use Only: Septic: \_\_\_\_\_ Well: \_\_\_\_\_ 911 Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Fee

Name: \_\_\_\_\_