



CHEROKEE COUNTY

Building Safety

110 Railroad Ave.

Gaffney, SC 29340

Office 864-487-2561 Fax 864-902-1100



MOBILE HOME PERMIT APPLICATION

Complete Set-up

License Only

De-Title

Single Wide

Double Wide

Multi-Sectional

Tax Year _____

Sticker # _____

Permit # _____

Owner/Renter _____

Address of Home _____

Phone# _____

Is this address in a designated flood zone? YES _____ NO _____

**If home is in a designated flood zone, a design professional must be involved. **

Mailing Address for Tax Notices _____

Land Owner of Mobile home Site _____

Power Company _____ Septic: New _____ Existing _____ Sewer _____

MOBILE HOME SPECIFICATIONS

Manufacturer _____ Model _____ Year _____ Size _____ X _____

Color _____ Trim _____ Vin # _____

Deck Size: Front _____ X _____ Back _____ X _____ Underpinning Type _____

Fireplace: Wood _____, Gas _____ Central Air _____

Purchase Price _____ Home Purchased From _____

Location of home prior to this set up _____

Total Project Cost _____

CONTRACTOR:

TYPE: (Manufactured Housing Contractor, Installer, Mover, Home Owner, Residential Builder)
(circle one please)

Name: _____

Address _____

Email: _____

Phone _____

License# _____ License Expiration Date: _____

For information purposes only

Mechanical Contractor _____

Electrical Contractor _____

Plumbing Contractor _____

Building Setbacks: Front to Road R.O.W. _____

L Side _____

R Side _____

Back _____

***NOTE:** *A string may be required to be pulled along the property line for setback verification. **

Permit Cost _____ **Check#** _____ **Cash** _____ **CC Type** _____

The undersigned hereby certifies that the above information is true and correct. Permit holder is to comply with all County, State, and Federal laws and ordinances.

Signature _____

Date _____