



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 _____

Existing Mobile Home on Property Future Location _____

Location of home prior to this set up _____

Total Project Cost _____

CONTRACTOR:

TYPE: (Manufactured Housing Contractor, Installer, Mover, *(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 _____