



CHEROKEE COUNTY

Building Safety

110 Railroad Ave.

Gaffney, SC 29340

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



MOBILE HOME DE-TITLE PERMIT APPLICATION

Tax Year _____ Sticker # _____ Permit # _____

Single Wide _____ Double Wide _____ Multi-Sectional _____

Applicant Name: _____ Phone Number: _____

Email of Applicant: _____

Owner/Renter: _____

Address of Home : _____

Phone# : _____

Mailing Address for Tax Notices _____

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 _____

Total Project Cost _____

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 _____