CHEROKEE COUNTY
Building Safety

110 Railroad Ave.
Gaffney, SC 29340
Office 864-487-2561 Fax 864-902-1100

MANUFACTURED 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: _____
Parcel Number: _____
Phone#:_____

Mailing Address for Tax Notices:_____
_____
_____

MANUFACTURED 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 _____

Permit Cost _____ Check# _____ Cash _____ CC Type _____

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

Signature _____ Date _____