



# CHEROKEE COUNTY Building Safety



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

## MANUFACTURED HOME MOVING PERMIT APPLICATION

*A copy of the SC Title in the Customers name and a Manufactured Home Tax Clearance Form will be needed.*

Tax Year \_\_\_\_\_ Sticker # \_\_\_\_\_ Permit # \_\_\_\_\_

Single Wide \_\_\_\_\_ Double Wide \_\_\_\_\_ Multi-Sectional \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email of Applicant: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone#: \_\_\_\_\_

### Present Location of Home:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

### Future Location of Home:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Manufactured Home Mover: \_\_\_\_\_

## MANUFACTURED HOME SPECIFICATIONS

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Size \_\_\_\_\_ X \_\_\_\_\_

Vin # \_\_\_\_\_

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 \_\_\_\_\_