

SPR# \_\_\_\_\_ CASE # \_\_\_\_\_

**MANUFACTURED HOME HUD LABELED**  
**BUNCOMBE COUNTY PERMIT APPLICATION**

Site Location: \_\_\_\_\_ PIN # \_\_\_\_\_

Township: \_\_\_\_\_ Subdivision/Park Name: \_\_\_\_\_ Lot # \_\_\_\_\_ Ridge Law: \_\_\_\_\_

Directions: \_\_\_\_\_

Year \_\_\_\_\_ Manufacturer \_\_\_\_\_

Mobile Home Dealer: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use of Property: (circle one) Owner Occupied    Rental    Sale    **APPROVED MOBILE HOME PARK:** YES    NO

**MOVED TO ANOTHER LOCATION WITH SAME OWNER** YES    NO    **NEW OWNER:** YES    NO

Single Wide \_\_\_\_\_ Size: \_\_\_\_\_ Multi Sectional \_\_\_\_\_ Size: \_\_\_\_\_

Total Cost of Project: \$ \_\_\_\_\_ # of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Total Heated SQ. FT. \_\_\_\_\_ Foundation Type: \_\_\_\_\_ Skirting Type: \_\_\_\_\_

Deck/Landing:    Yes    No    Deck/Landing square feet: \_\_\_\_\_

**DECKS/LANDINGS LARGER THAN 36 SQUARE FEET REQUIRE PLANS**    **Deck Plans Provided:** (circle one)    Yes    No

If not part of original submittal, a deck fee will apply

**\*\*Wood Decks – A Residential Spec sheet will need to be uploaded with the deck plans\*\***

**Land Owner:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home Owner:** (If Different from Land Owner): \_\_\_\_\_ Phone # \_\_\_\_\_

**Home Owner: email address:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ NC LIC # \_\_\_\_\_ Phone # \_\_\_\_\_

**Contractor email address:** \_\_\_\_\_

**Sub-Contractors:** Electrical \_\_\_\_\_ State Lic # \_\_\_\_\_

Mechanical \_\_\_\_\_ State Lic # \_\_\_\_\_

Plumbing \_\_\_\_\_ State Lic # \_\_\_\_\_

Fuel Piping \_\_\_\_\_ State Lic # \_\_\_\_\_

Other \_\_\_\_\_ State Lic # \_\_\_\_\_

**UTILITIES: CIRCLE APPLICABLE TYPE(S)**

**ELECTRIC:**    **DUKE ENERGY**    **DUKE PROGRESS**    **HAYWOOD EMC**    **FRENCH BROAD EMC**

**HEAT SOURCE:** **NATURAL GAS**    **LP GAS**    **OIL**    **ELECTRIC**    **HEAT PUMP**

**WATER:**    **PRIVATE WELL**    **NEW / EXISTING**    **COMMUNITY WELL**    **PUBLIC WATER**    **OTHER** \_\_\_\_\_

**SEWER:**    **SEPTIC**    **NEW / EXISTING**    **MSD SEWER**    **OTHER** \_\_\_\_\_

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable Federal, State and local laws and regulations and that it is understood that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

Applicant Signature

Date

Printed Name