

**MANUFACTURED HOME
ANSON COUNTY PERMIT APPLICATION**

605 McLaurin Street, WADESBORO, NC 28170
PHONE (704) 694-5818 FAX (704) 694-5864

(This Is Not A Permit Only An Application)

TYPE OF PERMIT: RESIDENTIAL COMMERCIAL
NO. _____

TAX PARCEL

OWNER/TENANT: _____

MAILING ADDRESS: _____

CITY STATE ZIP PHONE

911 ADDRESS: _____

CITY STATE ZIP

DIRECTIONS: _____

SUB-DIVISION OR MANUFACTURED HOME PARK NAME: _____

LOT #: _____ STREET: _____ PHASE/SEC. _____

*****ZONING APPROVAL REQUIRED UPON SUBMISSION OF APPLICATION *****
UTILITIES FROM TOWN STATEMENT REQUIRED UPON SUBMISSION OF APPLICATION

FOR	OFFICE	USE	ONLY:	TOWN	OR	COUNTY
ZONING: _____						
TYPE : _____ APPROVED _____						
DISAPPROVED _____						
FLOOD	AREA	YES	NO	FLOOD	MAP #	CENSUS
TRACT# _____						

WATER SUPPLY: CITY COUNTY COMMUNITY PRIVATE WELL

SEWER TYPE: CITY COUNTY COMMUNITY
 SEPTIC TANK _____
DATE

UTILITIES: NEW EXISTING GAS CO: _____

POWER CO. PROGRESS ENERGY 8 DIGIT PREMISE# _____

PEE DEE _____ ACCOUNT # _____

UNDER GROUND ABOVE GROUND _____

MAKE: _____ SERIAL #: _____

YEAR: _____ SIZE: _____ x _____ # BEDROOMS: _____ BRICK

UNDERPINNING: _____ VINYL: _____ VALUE: \$ _____

SINGLEWIDE: _____ DOUBLEWIDE: _____ TRIPLEWIDE: _____

TYPE OF HEAT: _____ GAS _____ ELECTRIC COLOR: _____

DEALERSHIP: _____ LICENSE #: _____
ADDRESS: _____ PHONE: _____ - _____
_____ FAX _____ - _____
CITY STATE ZIP

CONTACT PERSON: _____ PHONE: _____

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***** Any additional building (example, porches, decks, garages, storage bldgs., etc.) will require *****
a Building Permit. Two copies of plans must be included with a Building Permit Application

GARAGE: SQ FT _____ BONUS ROOM : SQ FT _____
CARPORT: _____ SQ FT _____
STORAGE/UTILITY/SHOP: SIZE _____ X _____ SQ FT _____
PORCH: _____ DECK: _____ SQ FT _____

CONTRACTORS:

SET-UP CONTRACTOR: _____ LICENSE NO. _____

ADDRESS: _____ PHONE: _____ - _____

City State Zip

ELEC. _____ PHONE: _____
LIC. _____

ADDR. _____ CITY/ST: _____
ZIP. _____

MECH. _____ PHONE: _____ LIC. _____

ADDR. _____ CITY/ST. _____
ZIP. _____

PLUMB. _____ PHONE: _____ LIC. _____

ADDR. _____ CITY/ST. _____
ZIP. _____

THIS APPLICATION BECOMES A PERMIT ONLY UPON APPROVAL AND PAYMENT OF FEES.

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE THE OWNER OR THE AUTHORIZED AGENT FOR THE APPLICATION FOR PERMIT AND INSPECTIONS OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

PRINT APPLICANT NAME

APPLICANTS SIGNATURE

METHOD OF PAYMENT: _____CHECK _____CASH _____
DATE