

Manufactured or Modular Home Application

Office Use - Application 7

Application #: _____

Note: A manufacture home permits shall be issued only to a NC Licensed Mover/Dealer, per Section 3.1 of the NC Manufactured Housing Code. A Health Department release is required for lots on a septic system. Power to a manufactured home shall not be released until all inspection are conducted and passed.

Date: _____

Setup Address _____ Lot # _____

Contact Person _____

Phone _____ E-mail _____

Property Owner of Lot or Mobile Home Park _____

Address _____ City _____ State _____ Zip _____

Phone _____

Mobile Home Occupant or Owner Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

NC Licensed Mobile Home Mover or Dealer _____

Address _____ City _____ State _____ Zip _____

Phone _____

STATE OF NORTH CAROLINA LICENSE NUMBER: _____

Home Information: Manufacture Date: _____ Type: A B C D (circle one)

Title #: _____ Width: _____ Length: _____ Current Valuation: _____

Actual Setbacks from Property Lines: Front () Back () Right () Left ()

<u>Contractor Names</u>	<u>License #</u>	<u>Cost of Work</u>	<u>Permit Fees</u>
Setup _____	_____	_____	_____
Electrical _____	_____	_____	_____
Plumbing _____	_____	_____	_____
Heating _____	_____	_____	_____
Others _____	_____	_____	_____
Zoning _____			_____
Driveway Permit _____			_____
Total Project Cost		_____	Fees \$ _____

PLEASE ATTACH – 2 Copies

Please Check if Attached or Mark NA (*not applicable*)

- New Park or Lot Site Plan(s) drawn to scale, showing:**
 - Lot dimensions along with building location(s) on the lot, along with width and length
 - Actual building setbacks from all property lines
 - Easements and/or Right-of-Ways located on the parcel
 - Address(s) and Adjoining streets with street names
 - Landscape Plan – New Home (*See UDO section 3.4 Landscaping*)
 - Show parking spaces (*See UDO Section 3.3 Off Street Parking, Stacking and Loading*)
 - North Arrow
 - Scale
 - Date, and person drawing Site Plan (*name, address and phone number*)

Soil Bearing Capacity Report (page 3 of the Application Form)

Town of Kernersville Driveway Application or Permit

Lots using septic, must provide a **County Health Department Release Form** or improvement permit.

I hereby attest that I have read the above information and that all foregoing statements are accurate and correct. I understand that the permit shall be revoked, or a stop work order issued if any information is false or the NC Manufacturing Housing Code is not adhered to. Occupancy prior to a certificate of occupancy is a violation of GS 160A-423, which is a class 1 misdemeanor.

Signature of Mover/Dealer	Print Your Name	Date
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TOWN STAFF SECTION

Pin# _____

Park Name _____

Zoning District: _____ **Overlay:** ___ Yes ___ No **Special Use Dist.** ___ Yes ___ No

Approved Address ___ Yes ___ No

Setbacks Front ___ Rear ___ Side ___ Side ___ Street Side ___ Yes ___ No

Public Water: ___ Yes ___ No If no well location.

Public Sewer: ___ Yes ___ No If septic, Forsyth County Health Department site plan required.

Easements: ___ Yes ___ No **FEMA:** ___ Yes ___ No **Driveway** ___ Yes ___ No

Watershed ___ Yes ___ No

Stream Buffer ___ Yes ___ No

Zoning Approval: ___ Yes ___ No **Initials:** _____ **Date:** _____

Building Approval: ___ Yes ___ No **Initials:** _____ **Date:** _____

Conditions:

Soil Bearing Capacity Report Form

Readings

Results of a pocket.....