



PERMIT APPLICATION
MANUFACTURED HOME

PERMIT #: _____

CITY OF KINGS MOUNTAIN CODE ENFORCEMENT DEPARTMENT
N. PIEDMONT AVENUE - PO BOX 429 - KINGS MOUNTAIN, NC 28086
PHONE (704)734-4599 – FAX (704)730-2106 E-MAIL: tammy.scruggs@cityofkm.com

A ZONING PERMIT MUST BE APPROVED AND SUBMITTED WITH THIS APPLICATION. PLEASE CONTACT THE ZONING ADMINISTRATOR LOCATED AT CITY HALL OR Phone: (704) 730-2108 Fax: (704) 734-4480 Email: peggyh@cityofkm.com

APPROVAL FROM THE CLEVELAND COUNTY ENVIRONMENTAL HEALTH MUST BE SUBMITTED WITH THIS APPLICATION IF A SEPTIC TANK IS LOCATED ON THE PROPERTY. Address: 200 S. Post Rd. Shelby, NC 28150 Phone: (980) 484-5100

PROJECT ADDRESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SINGLE WIDE: DOUBLE WIDE: YEAR: _____ SIZE: _____ VIN #: _____

POWER COMPANY: KINGS MOUNTAIN DUKE REMC

NC LICENSED MANUFACTURED HOME SET UP CONTRACTOR

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LICENSE QUALIFIER NAME: _____ LICENSE NUMBER: _____

SUBCONTRACTORS

ELECTRICAL: _____ PHONE: _____ LICENSE #: _____

MECHANICAL: _____ PHONE: _____ LICENSE #: _____

PLUMBING: _____ PHONE: _____ LICENSE #: _____

PROJECT COST: \$ _____ (including home, set up, electrical, plumbing, mechanical, decks, etc.)

NOTE: A lien agent is required if total project cost is \$30,000 or more.

PERMIT FEES

SINGLE WIDE (\$300.00 PERMIT FEE + 50.00 ZONING) DOUBLE WIDE (\$400.00 PERMIT FEE + 50.00 ZONING)

NOTE: Permit fees are doubled if set up process of home has begun prior to obtaining a building permit.

APPLICANT'S SIGNATURE and PRINTED

PHONE NUMBER

DATE

By signing above I hereby certify that I am either the owner of the property or an authorized agent of the owner and that the information in this application is correct and that all work will comply with applicable State laws and local ordinances.