BURKE COUNTY MOBILE HOME PERMIT APPLICATION
110 N Green Street, Morganton, NC 28655
Phone 828-764-9020 Fax 828-764-9021

OWNER: _____ **PHONE NUMBER:** _____

MAILING ADDRESS: _____

PROJECT PROPERTY ADDRESS: _____ **REID #** _____

DESCRIPTION OF MANUFACTURED HOME:
SIZE: _____ **MAKE:** _____ **COLOR:** _____ **MODEL YEAR:** _____ **COST:** _____

 # OF BEDROOMS: _____ **# OF BATHROOMS:** _____ **# OF FIREPLACES:** _____

TYPE OF HEAT: ☐ **ELECTRIC** ☐ **GAS** ☐ **OTHER** _____

HEATED SQ FT: _____ **UNHEATED SQ FT:** _____ **DECK / PORCH SQ FT:** _____

POWER COMPANY: _____

CONTRACTOR INFORMATION:
MOBILE HOME DEALER: _____ **ADDRESS:** _____
PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

ELECTRICAL CONTRACTOR: _____ **LICENSE #:** _____
MECHANICAL CONTRACTOR: _____ **LICENSE #:** _____
PLUMBING CONTRACTOR: _____ **LICENSE #:** _____
SET UP CONTRACTOR: _____ **LICENSE #:** _____

_____
ADDRESS

_____ _____ _____
PRINT NAME **PHONE NUMBER** **EMAIL ADDRESS**

I hereby certify that all information in this application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, including G.S. 87-14 Workers' Compensation. The Building Inspections Office will be notified of any changes in the approved plans or specifications for the project as permitted.

OFFICE USE ONLY

PERMIT # _____ **PERMIT FEE:** _____ **ZONING REQUIRED:** _____
SEPTIC APPROVAL: _____ **DATE PROCESSED:** _____ **ADMIN:** _____