



# MOBILE HOME PERMIT APPLICATION

Polk County Building Inspections  
35 Walker St., PO Box 308  
Columbus, NC 28722

Office (828) 894-3739  
Fax (828) 894-2913  
Office Hours 8am – 4:30pm

Mobile Home Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Subdivision or Mobile Home Park (if applicable) \_\_\_\_\_ LOT # \_\_\_\_\_


**SITE ADDRESS** \_\_\_\_\_ **LAND AREA (sq. ft./acres)** \_\_\_\_\_

**PROPOSED USE:** \_\_\_\_\_

**MOBILE HOME: Year Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **SIZE:** \_\_\_\_\_ FT WIDE \_\_\_\_\_ FT LONG

• **TOTAL # BEDROOMS** \_\_\_\_\_ **# BATHS** \_\_\_\_\_

• **TYPE HEATING** \_\_\_\_\_ **COST \$** \_\_\_\_\_

 **POWER COMPANY**  Duke -Spindale  Duke-Hendersonville (Saluda area)  Rutherfordton Electric  Broad River  
• *Name power in (if other than owner)* \_\_\_\_\_

**SEWER:**  Septic Tank  City  Existing **WATER:**  Well  City  Community  Existing

**CONTRACTOR (S): (Name/Address as appears on license)**

• Dealer \_\_\_\_\_ Phone \_\_\_\_\_ Lic# \_\_\_\_\_  
Address \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_

Set-up Contractor \_\_\_\_\_ Phone # \_\_\_\_\_ Lic# \_\_\_\_\_

• Electrical \_\_\_\_\_ Phone # \_\_\_\_\_ Lic# \_\_\_\_\_

• Plumbing \_\_\_\_\_ Phone # \_\_\_\_\_ Lic# \_\_\_\_\_

• Mechanical \_\_\_\_\_ Phone # \_\_\_\_\_ Lic# \_\_\_\_\_



The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work.

Signature of ( ) Owner or ( ) Owner's Agent

Print name

Date

OFFICIAL USE ONLY

MH PERMIT # \_\_\_\_\_

Elevation \_\_\_\_\_

• ZONING APPROVAL # \_\_\_\_\_

• TAX MAP # \_\_\_\_\_ - \_\_\_\_\_

• LOCATION # \_\_\_\_\_