



GASTON COUNTY BUILDING INSPECTIONS DEPARTMENT
 PO BOX 1578 . 128 W. MAIN AVE. GASTONIA, NC. 28053
 PHONE (704) 866 -3155 FAX: (704)-866-3966
 Web Address: www.co.gaston.nc.us

MOBILE HOME PERMIT APPLICATION

PERMIT NUMBER: _____

DATE: _____

Address where home will be placed: _____
 City: _____ State: _____ Zip: _____
 Is this address in a mobile home park? Yes _____ No _____
 Park Name: _____

Owners Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Licensed Set-up Contractor: _____ License # _____
 Address: _____ Phone # _____
 City: _____ State: _____ Zip: _____

Subcontractors: Electrical: _____ License # _____
 Phone Number _____
 Mechanical: _____ License # _____
 Phone Number _____
 Plumbing: _____ License # _____
 Phone Number _____

Dimensions of home (box size): _____ x _____
 Year: _____ Manufacturer: _____ Color: _____

For Decks/Porches/Skirting: See Zoning Permit for requirements.

Water: ___City ___Community Well ___Private Well
 Sewer: ___City ___Community Sewer ___Private Sewer

*****NOTICE*****

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended, or abandoned for a period of 12 months at any time after work is started.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OR WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF THE CONSTRUCTION.

 SIGNATURE OF PROPERTY OWNER.

 DATE

MAY BE SIGNED BY CONTRACTOR ACTING AS AUTHORIZED AGENT OF PROPERTY OWNER