



ALEXANDER COUNTY PLANNING DEPARTMENT

(828) 632-1000 – planning@alexandercountync.gov
www.alexandercountync.gov/departments/planning

APPLICANT: _____

TELEPHONE #: _____

ADDRESS: _____

PROPERTY OWNER (if different): _____

ADDRESS: _____

PROPOSED HOME LOCATION: (circle one) *Individual Lot* *Subdivision* *Manufactured Home Park*

MANUFACTURED HOME VIN#: _____

PROPOSED MANUFACTURED HOME: (circle one) *New* *Used*

***** IF THE HOME IS NEW, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF SELLER: _____

***** IF THE HOME IS USED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PREVIOUS OWNER: _____

ADDRESS OF CURRENT LOCATION: _____

IS THE HOME CURRENTLY IN A MANUFACTURED HOME PARK? *Yes* *No*

OCCUPANCY STATUS: (circle all that apply) *Own Lot* *Lease Lot* *Own Home* *Lease Home*

TYPE OF MANUFACTURED HOME (circle one): *Singlewide* *Doublewide* *Multi-sectional*

MODEL YEAR: _____

MANUFACTURER: _____

LENGTH: _____ **WIDTH:** _____ **SQ. FOOTAGE:** _____

(SW: Length may not exceed 5 times width; width must be at least 14 ft)

(DW: Length may not exceed 4 times width)

ROOF CONSTRUCTION (circle one): *Shingle* *Metal*

** All new singlewides and doublewides and all used singlewides and doublewides moved into and within the county MUST be finished with a standard residential construction shingle.

ROOF TYPE (circle one): *Flat* *Pitched*

ROOF PITCH (rise over run): _____

** All new singlewides and used singlewides moved into and within the county MUST be have a roof pitch with a minimum 3 ft rise for each 12 ft of horizontal run.

** All new doublewides and used doublewides moved into and within the county MUST be have a roof pitch with a minimum 4 ft rise for each 12 ft of horizontal run.

EXTERIOR FINISH (circle one):

Vinyl-siding

Wood/Hardboard Siding

Metal

** All doublewides must have siding consisting of vinyl or aluminum lap siding who reflectivity does not exceed that of flat white paint or wood or hardboard comparable to exterior siding used in standard residential construction.

TYPE OF UNDERPINNING: _____

**Underpinning for SWMH shall be comprised of materials manufactured for this purpose, such as brick, concrete block, natural or synthetic stone, masonite or vinyl.

**DWMH shall have a foundation or underpinning comprised of brick, concrete block with stucco, or natural or synthetic stone masonry. Vinyl siding or metal underpinning is not allowed.

SIZE OF DECK OR PORCH ON FRONT OF HOME: _____

REAR PORCH DIMENSIONS: _____

PLEASE NOTE THAT A **36 SQUARE FOOT DECK ON THE FRONT OF THE HOME IS REQUIRED

I understand the following (check for each):

- Any required changes to roof pitch, roof construction, or underpinning must be placed prior to final inspection.
- The towing tongue must be removed upon final placement of the unit.
- Underpinning must be placed along the entire perimeter of the home.
- Decks and porches must be built to meet the state residential building code.
- Doublewides must be placed on a brick, concrete block, or other masonry foundation.
- Decks on doublewides must be supported by a foundation.

By signing below, I certify that all of the statements made in this application and all the attached documents are true and complete to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. By signing below, I also acknowledge that the approval of this permit does not indicate compliance with deed restrictions or restrictive covenants. It is the sole responsibility of the applicant to ensure compliance with such restrictions. **A zoning permit shall be void unless the work authorized by it begin within (1) YEAR of its date of issue, or if the work authorized by it is suspended or abandoned for a period of ONE (1) YEAR.** If special assistance is needed with this permit, please contact Alexander County Planning and Zoning for assistance of any kind with this permit.

(Applicant's Name-please print)

(Applicant's Signature)

(Date)

STAFF USE ONLY – APPLICANT: DO NOT WRITE BELOW THIS LINE

Vehicle Identification Number: _____ ZONING PERMIT #: _____

Comments: _____

APPROVED _____ DENIED _____

Staff Initials: _____ Date: _____