

APPLICATION FOR MANUFACTURED HOME BUILDING PERMIT  
YANCEY COUNTY INSPECTIONS

YANCEY CO BUILDING INSPECTOR  
202 MEDICAL CAMPUS DRIVE  
BURNSVILLE NC 28714  
828-682-7833

OWNER \_\_\_\_\_ DATE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
BUILDING LOCATION/DIRECTIONS \_\_\_\_\_  
\_\_\_\_\_

PIN NUMBER \_\_\_\_\_ ACREAGE \_\_\_\_\_  
TOWN JURISDICTION:  Y  N TOWN APPROVALS:  Y  N TOWNSHIP: \_\_\_\_\_

OCCUPANCY: SINGLE FAMILY  MULTI-FAMILY  COMMERCIAL

TYPE OF WORK: NEW  ADDITION  RENOVATION  CHANGE OF USE  DEMOLITION  REPAIR  UPFIT

USE OF PROPERTY: OWNER OCCUPIED  RENTAL  SALE  LIEN AGENT NUMBER: \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

TOTAL ESTIMATED COST OF PROJECT \_\_\_\_\_ NO. OF STORIES \_\_\_\_\_

CONSTRUCTION TYPE \_\_\_\_\_

LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ # BEDROOMS \_\_\_\_\_ BATHROOMS \_\_\_\_\_

BASEMENT \_\_\_\_\_ CRAWL SPACE \_\_\_\_\_ SLAB \_\_\_\_\_ BASEMENT FINISHED YES  NO

DWELLING SQ. FT. \_\_\_\_\_ GARAGE SQ. FT. \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_

PERMIT COST: Bldg: \_\_\_\_\_ Total: \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Contact Number \_\_\_\_\_ Address \_\_\_\_\_

SUBCONTRACTORS:

ELECTRICAL CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Contact Number \_\_\_\_\_ Address \_\_\_\_\_

PLUMBING CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Contact Number \_\_\_\_\_ Address \_\_\_\_\_

MECHANICAL CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Contact Number \_\_\_\_\_ Address \_\_\_\_\_

GAS CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Contact Number \_\_\_\_\_ Address \_\_\_\_\_

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable State and local laws and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

**ELECTRICAL**

AMPERE SERVICE: \_\_\_\_\_

TYPE: UNDERGROUND \_\_\_\_\_ OVERHEAD \_\_\_\_\_

PREMISE OR ACCOUNTY NUMBER: \_\_\_\_\_

French Broad Electric \_\_\_\_\_

Progress Energy \_\_\_\_\_

Haywood Electric \_\_\_\_\_

**PLUMBING**

NUMBER OF FIXTURES: \_\_\_\_\_

SEPTIC APPROVED FOR \_\_\_\_\_ NUMBER OF BEDROOMS

Septic (new) \_\_\_\_\_

Septic (existing) \_\_\_\_\_

Town Sewer \_\_\_\_\_

**HEATING**

TYPE OF HEAT: Electric \_\_\_\_\_

Gas: LP \_\_\_\_\_ Natural \_\_\_\_\_

Oil \_\_\_\_\_ Wood \_\_\_\_\_

FIREPLACE: Yes \_\_\_\_ No \_\_\_\_\_

MASONRY \_\_\_\_\_ INSERT \_\_\_\_\_ GAS \_\_\_\_\_

RESCHECK: YES \_\_\_\_\_ NO \_\_\_\_\_ (REQUIRED FOR ALL LOG HOMES)

INSULATION TYPE: \_\_\_\_\_

R-VALUES: FLOOR \_\_\_\_\_

CEILING \_\_\_\_\_

WALLS \_\_\_\_\_

Before you call for any inspection please make sure that your manufacturer's setup manual is present at the time of inspection.

- Marriage wall connections and fasteners per manufacturers setup manual. Do not cover up end walls.
- All piers are installed, tie down straps and anchors installed and comply with manufacturers setup manual
- Water and sewer lines installed to State Code. Insulate the water line above ground except in crawl spaces when masonry underpinning is used.
- Install vapor barrier on the ground in the crawl space where required.
- All electrical work must be completed to current National Electric Code.
- All porches, steps, and decks installed per the N.C. Residential code for decks.
- All heating and air-conditioning work including cross over ducts is completed per State Code.
- The home must have positive drainage under the home so that no water can run underneath the home. Please make sure that water is running away from the home.

The undersigned affirms that all requirements will be met and all codes will be followed.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_