



Swain County Inspections Department

101 Mitchell Street Bryson City, NC 28713

Phone: 828-488-9134 Fax: 828-488-9601

MOBILE HOME PERMIT APPLICATION

NAME ON PERMIT _____

MAILING ADDRESS _____

911 ADDRESS IF PREVIOUSLY ISSUED _____

PHONE NUMBER _____

TAX IDENTIFICATION NUMBER _____

DUKE WORK ORDER NUMBER _____

SEPTIC SYSTEM APPROVAL (Circle One)

1. Health Department Waiver
2. Health Department Operations Permit or Authorization to Construct
3. Authorization to Connect to City Sewer

MANUFACTURER _____ SIZE _____

DATE OF MANUFACTURE _____ LABEL # _____

TOTAL HEATED AREA _____ DOUBLEWIDE _____ SINGLEWIDE _____

NEW _____ USED _____ ESTIMATED VALUE _____ AMPERE SIZE _____

OF BEDROOMS _____ # OF BATHROOMS _____ TOTAL OF ALL ROOMS _____

TYPE OF HEAT _____ # AND TYPE OF FIREPLACES _____

SET UP CONTRACTOR _____ LICENSE # _____

ELECTRICIAN _____ LICENSE # _____

PLUMBER _____ LICENSE # _____

MECHANICAL _____ LICENSE # _____

SIGNATURE OF APPLICANT _____ DATE _____