

ANDERSON COUNTY BUILDING PERMIT APPLICATION (MOBILE HOME)

| | | | |
|------------|---------------|---------------|-------------|
| MAP: _____ | PARCEL: _____ | AC/LOT: _____ | ZONE: _____ |
|------------|---------------|---------------|-------------|

ROAD NAME: _____

CITY: _____ STATE: _____ ZIP: _____

MOBILE HOME PARK: _____

PROPERTY OWNER: _____

RENTER: (if applicable) _____

HOME #: _____ EMAIL ADDRESS: _____

INSTALLER: _____ STATE INSTALLER LIC#: _____

ADDRESS: _____ PHONE: _____

TYPE: SINGLE-WIDE _____ DOUBLE-WIDE _____ MODULAR _____

MANUFACTURER: _____ SIZE/SQUARE FT: _____ YEAR: _____

NO. EXISTING DWELLINGS ON LOT: _____ WATER SOURCE: _____ UPGRADE _____ yes no _____

ROAD FRONTAGE (in feet): _____ BUILDING SETBACKS: FRONT _____ BACK _____ SIDES _____

I, THE UNDERSIGNED, SWEAR/AFFIRM THAT I PROPOSE USE/CONSTRUCTION AS STIPULATED IN MY APPLICATION, DRAWINGS, & SPECIFICATIONS; I WILL COMPLY FULLY WITH ALL APPLICABLE LAWS & REGULATIONS, WHETHER SPECIFIED HEREIN OR NOT. ALL PERMITS ARE SUBJECT TO REVIEW FOR CODE AND ZONING COMPLIANCE.

SIGNATURE: (INSTALLER/AGENT/ PROPERTY OWNER/RENTER)

DATE

TAKEN BY: _____ DATE: _____

APPLICATION REVIEW:

ROAD NAME: _____ (CITY/ STATE) _____ COUNTY R.O.W. _____
(ACTUAL)

MINIMUM DISTANCE ALLOWED FROM ROAD FRONTAGE PROPERTY LINE TO STRUCTURE: _____

ACCEPTABLE ZONE: A-1 A-2 R-1 R-1-S* REQUIRED ACREAGE: _____ EXISTING ACREAGE: _____

Singlewide mobile homes are not allowed in R-1-S Zone unless existing prior to rezoning and replaced within 6 months of removal of old single wide.

VARIANCE REQUIRED: (Y/N) _____ IF YES DATE RECEIVED: _____

REVIEW PERFORMED BY: _____

PERMIT FEES:

VALUE OF HOME: \$ _____
(Must provide bill-of-sale to verify cost)

PERMIT FEE (from chart) \$ _____

ONE INSPECTION \$ 30.00

TOTAL PERMIT FEE: \$ _____

NOTE: *If any addition to the mobile or manufactured home is to be built (e.g., garage), that construction must be permitted separately.*

REQUIREMENTS:

- | | | | |
|-------------------------------------|-------|--------------|---------------------|
| A. BILL-OF-SALE W/SERIAL OF HOME | _____ | | |
| B. SITE PLAT (signed by applicant) | _____ | | |
| C. SEPTIC TANK LAYOUT (if required) | _____ | TDEC | 865-594-6035 |
| D. E-911 ADDRESS CERTIFICATION | _____ | E-911 | 865-463-8160 |
| E. FOUNDATION LAYOUT (D/W ONLY) | _____ | | |
| F. FLOOR PLAN | _____ | | |

| | | |
|----------------------------|-------------|---------------|
| PAYMENT: CASH _____ | CHECK _____ | PERMIT# _____ |
|----------------------------|-------------|---------------|