



Application for MOBILE HOME PERMIT

P.O. Drawer 357
201 South Main Street
Graham, NC 27253
(336) 570-6705
Fax (336) 570-6703
www.cityofgraham.com

Site

Street Address: _____

Name of Owner: _____

Name of Mobile Home Park, if applicable: _____

Lot #, if applicable: _____ Zoning District(s): _____

Overlay District, if applicable:

Historic S Main St/Hwy 87 E Harden St/Hwy 54

Lot Dimensions: _____

Setbacks:

Front _____ ft Rear _____ ft Rear _____ % of lot depth

Side _____ ft Side (street) _____ ft Side (agg.) _____ ft

Is there Flood Zone anywhere on the lot? Yes No
If YES, a **Flood Elevation Certificate** is required.

Applicant and Project Contact

Name: _____

Property Owner Contractor

Other _____

Mailing Address: _____

City, State, Zip: _____

Phone # _____

Email: _____

I hereby make application to Build Remodel
 Repair Other _____
a building or structure at the location shown in accordance
with approved plans (if required).

I agree to conform to all applicable laws and ordinances of
the City of Graham and the State of North Carolina and
further state that all statements made herein are true.

Signature of Applicant _____ Date _____

Certificate of Occupancy will be required
prior to occupying the premises
Permit fee is \$100, including all trades.

Other Requirements

- Plot Plan**, for projects, showing lot dimensions, overall dimensions of all buildings, and distance from buildings to the front, side and rear lot lines
- Anchors and setup to be completed to specifications.**
- Lot # must be displayed on home, minimum of 4" high and visible from street.**
- Homeowner, electrician, and plumber, mechanical all must call when all items are complete.**
- Owner needs to provide the inspector with a way to get inside and the manual should be left lying somewhere near the inside electrical panel box.**

Contractor(s)

General Contractor: _____

Contact Name: _____

Phone # _____ Lic. # _____

Mailing Address: _____

City, State, Zip: _____

Electrical Contractor: _____

Phone # _____ Lic. # _____

Set-Up Contractor: _____

Phone # _____ Lic. # _____

Mobile Home Dealer: _____

Mechanical Contractor: _____

Phone # _____ Lic. # _____

Plumbing Contractor: _____

Phone # _____ Lic. # _____

FOR OFFICE USE ONLY	
Tax Map#	Remarks:
GPIN:	
City Limits / ETJ Taxable	
Census #	

Affidavit of Workers' Compensation Coverage
NCGS 87-14

The undersigned applicant for a building permit, being the

Contractor Owner Officer/Agent of contractor or owner

do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

has/have three (3) or more employees and have obtained workers' compensation insurance to cover them, or

has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them, or

has/have one (1) or more subcontractor(s) who has/have their own policy of workers' compensation insurance covering themselves, or

has/have not more than two (2) employees and no subcontractors

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Name and Title of Applicant: _____

Firm Name, if applicable: _____

Signature of Applicant

Date