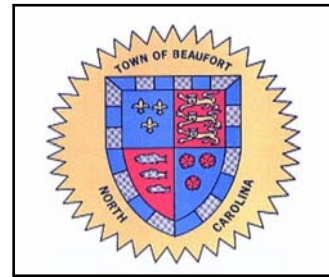


Town of Beaufort
Planning and Inspections Department
215 Pollock St.
Beaufort, North Carolina 28516
(252) 728-2141 Fax (252) 728-3982



Manufactured Housing Permit Application

Application Procedures:

Please submit the following information in addition to a completed and signed application form:

1. Two sets of building plans and specifications which show the following: footings and piers, skirting, anchoring systems, and all accessory use construction specifications.
2. A site plan or survey, drawn to scale, indicating the placement of proposed new construction, the electrical service location, and all other existing or proposed structures located on the lot. Please indicate the distances of structures from property lines.
3. A copy of the Data Plate associated with the manufactured home.
4. A copy of the septic tank permit (if the property is located outside of Town Limits).
5. All required state permits, for example, a CAMA permit (if applicable).
6. All Town land use permits that are required including any variances, Special Use permits, or a Certificate of Appropriateness (COA) issued by the Beaufort Historic Preservation Commission.
7. All contractors must obtain a privilege license to perform work inside the Town limits.

Failure to provide all of the above required information will result in the return of the application.

Please submit the complete application to Town Hall for review. Permits are reviewed by a number of departments, including Public Works to determine the location of existing utilities to serve the property and usually takes a minimum of a week.

All applicable fees must be paid at the time the permit is issued.

Construction must begin within 6 months of the permit issue date, unless other restrictions apply, or the permit becomes null and void.

Town of Beaufort, North Carolina
Manufactured Housing Permit Application

**Property
Owner:**

Name

Mailing Address, City, State, Zip

Work Phone

Home Phone

Construction Site Address: _____

Site Tax Parcel #: _____
(County Emergency Management Office (252)728-8470)

Point of Contact for the Job: _____
Contact's Name Phone

Contractors:

Set-Up: _____
Contractor Name/Company Phone

Mailing Address, City, State, Zip State License #

Town Priv. License #

Electrical: _____
Contractor Name/Company Phone

Mailing Address, City, State, Zip State License #

Town Priv. License #

Plumbing: _____
Contractor Name/Company Phone

Mailing Address, City, State, Zip State License #

Town Priv. License #

Mechanical: _____
Contractor Name/Company Phone

Mailing Address, City, State, Zip State License #

Town Priv. License #

Gas Piping:
(natural gas) _____
Contractor Name/Company Phone

Mailing Address, City, State, Zip State License #

Town Priv. License #

(other) _____
Contractor Name/Company Phone

Mailing Address, City, State, Zip State License #

Town Priv. License #

Town of Beaufort, North Carolina
Manufactured Housing Permit Application

1. Construction is: Single-wide: _____ Double-wide: _____
2. Model and Manufacturer: _____
3. Date of Manufacture: _____
4. Wind Zone Rating: _____
- 5. Total Estimated Value: \$** _____
6. Accessory areas to be built (if applicable):
 Garage: _____ sf Deck: _____ sf
 Porch: _____ sf Deck: _____ sf
 Porch: _____ sf Other: _____ sf
 Total accessory area: _____sf
7. Number of Bedrooms: _____
8. Foundation Type: _____
9. Electric Service Size: _____
10. Water line size from meter _____ Sewer line size: _____
11. If Applicable: Septic Tank Permit # _____ CAMA Permit # _____

PLEASE READ BEFORE SIGNING:

The applicant hereby certifies that the information as shown on this application and on such plans and specifications as have been submitted are correct and true to his or her knowledge. That the applicant will comply with said information as approved and with the provisions of all ordinances and building codes in the State of North Carolina, County of Carteret, and the Town of Beaufort. Misinformation, lack of information or statements made in error or falsehoods could result in the Building Permit being revoked and subject the application to litigation in the process.

Owner/Agent

Date

Town of Beaufort, North Carolina
Manufactured Housing Permit Application

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
Required for any improvements valued at \$30,000 or more pursuant to NCGS § 87-14

The undersigned applicant for a Building Permit, being the (check only one):

_____ Contractor

_____ Owner

_____ Officer/Agent of the 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 or more subcontractor(s) and have obtained workers' compensation insurance covering them, or

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

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

while working on this 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.

Firm Name: _____

By: _____

Title: _____

Date: _____