



Town of Forest City
Building & Zoning Department

PO Box 728
128 North Powell Street
Forest City, NC 28043
Phone (828) 248-5201, Fax (828) 245-6143

In order for the Town of Forest City to issue a **Building Permit for Mobile or Manufactured Homes**, the following information will be required. The Inspection Department may request more information or detail if needed. Upon receipt of this information, a plan review will be conducted before the application can be approved. If home is not in an existing park, it must be set-up on an individual lot.

ALL MANUFACTURED HOMES ARE ONLY ALLOWED IN AN R-6 OR R-20 DISTRICT.

1. Zoning Approval: Only allowed in an R-6 or R-20 District; or existing Mobile Home Park
2. Completed Permit Application
3. Septic System Permit if sewer is not available or copy of Septic Tank Cleaning
4. Rutherford County Manufacturing Housing Mobile Home Tax Permit (from County Tax Office)
5. Site Plan of lot or space; Site Plan of Mobile Home Park, if existing and not on file
6. Driveway Permit- D.O.T (If Required)
7. Erosion Control Permit (If Required; one acre or more)

DEALER OR SET-UP CONTRACTOR SHALL PROVIDE THE FOLLOWING:

1. Set-up manual on the job.
2. Soil test information (form issued with permit).
3. Site Plan (showing size, location, porches, decks, setback requirements (all setbacks are measured from property lines and street right-of-ways).
4. Copy of recorded deed if new lot.

PERMIT FEES

Single Wide \$100.00
Double Wide \$150.00

Utility Connections

<u>Electric</u>	<u>Tapping Saddle</u>	<u>Sewer</u>	<u>Water</u>
Construction Temporary \$25.00	Replacement \$50.00	Connection \$750.00	3/4" \$750.00
Permanent \$30.00			1" \$950.00
Underground \$30.00			2" \$1600.00

Change from Overhead to Underground - See Public Works Director

ALL UTILITY FEES ARE CONNECTION FEES ONLY. A TURN ON FEE MAY BE APPLICABLE. PLEASE CONTACT OUR UTILITY DEPARTMENT AT (828) 245-0148 FOR THESE FEES.

Types of Inspections

1. **Setbacks:** See Table of Area, Yard and Height Requirements below.
2. **Pier Footings / Spacing:** To manufacturers' specifications.
3. **Tie Downs:** To manufacturers' specifications.
4. **Marriage Wall:** To manufacturers' specifications.
5. **Utility Connections**
6. **Decks / Steps**

THE FOLLOWING ARE ZONING INSPECTIONS

SR 6. Class A Mobile Home on Individual Lot

1. The mobile home shall be at least 24 feet by 40 feet excluding towing apparatus.
2. The pitch of the mobile home's roof shall have minimum vertical rise of two and two tenths (2.2) feet for each twelve (12) feet of horizontal run and the roof shall be finished with a type of shingle that is commonly used in standard residential construction.
3. The exterior siding shall consist predominantly of vinyl or aluminum horizontal lap siding (that does not exceed the reflectivity of gloss white paint), wood, or hardboard, comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction.
4. A continuous, permanent masonry foundation, unpierced except for required ventilation and access, shall be installed under the mobile home.
5. The tongue, axles, transporting lights, and removable towing apparatus shall be removed subsequent to final placement.
6. Installation shall be in accordance with North Carolina Department of Insurance Standards.

Table of Area, Yard and Height Requirements

District	Minimum Lot Size				Minimum Yard Requirements		
	Area in Sq. Ft.	Sq. Ft. Per Dwelling Unit	Lot Width in Feet	Lot Depth in Feet	Front Yard Setback in Feet	Side Yard Setback in Feet	Rear Yard Setback in Feet
R-20 Single-Family	20,000	20,000	100	150	35	10	35
R-6 Single-Family	6,000	6,000	50	100	25	10	10

NOTE: More inspections may or may not be required than is listed above depending on work being done.

NOTE: A new building shall not be occupied or a change made in the occupancy, nature, or use of a building or part of a building until after the inspection department has issued a Certificate of Occupancy. Said certificate shall not be issued until all required building and service systems have been inspected for compliance with this code and other applicable laws and ordinances and released by the inspection department.



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PERMIT APPLICATION FOR MOBILE OR MANUFACTURED HOMES

ZONING APPROVAL MUST BE OBTAINED PRIOR TO SUBMITTING APPLICATION

PERMIT FEE FOR SINGLE WIDE: \$100.00

PERMIT FEE FOR MULTI-SECTIONAL: \$150.00

1. Street Name: _____
(House number will be assigned by the county 911 addressing after home is set-up)

2. Legal Description: Tax Map: _____ Block: _____ Lot(s): _____ Zoned: _____
(Inspection Department will fill out this information)

3. Owner of Property: _____
Mailing Address: _____ City/State _____ Zip Code _____

4. Owner of Home: _____
Mailing Address: _____ City/State _____ Zip Code _____

5. Model: _____ Year: _____ Serial Number: _____

6. Will this structure be in a flood hazard area? Yes _____ No _____

7. County Mobile Home Tax Permit must accompany this application before permit can be obtained. _____
(Tax Permit Number)

DEALER AND SET-UP INFORMATION

(Contractor must call and set up an appointment for inspection after each task is complete.)

Contractor(s)	Name	License #	Phone #	Contact Person
Dealer	_____	_____	_____	_____
Set-up Contractor	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____

Permission to enter Land

I furthermore certify that all information provided is correct and that I am authorized to grant and do in fact, grant permission to the local zoning officer and local building inspector and his agents, to enter on the property noted on the Forest City permit(s) for the purpose of this inspection. This is the _____ day of _____, 20____.

Signature of landowner or person authorized to act as his/her agent.

APPROVAL

Zoning Official _____ **Date:** _____

Building Official _____ **Date:** _____



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MANUFACTURED / MOBILE HOME SOIL TEST INFORMATION

Owner: _____

Location: _____

Contractor: _____

Unit Make: _____ Serial Number _____

Size: _____ Year: _____

Date: ____/____, 20____

TORQUE TEST AFFIDAVIT

I, _____, have personally performed the torque test at the above location and have made the following determination as follows:

Test 1 _____ Test 2 _____ Test 3 _____

Signature **License Number** **Date**

PENTROMETER TEST AFFIDAVIT

I, _____, have personally performed the pentrometer test at the above location and have made the following determination as follows:

Test 1 _____ Test 2 _____ Test 3 _____ Test 4 _____

Test 5 _____ Test 6 _____ Test 7 _____

Average Pocket Pentrometer _____

Signature **License Number** **Date**