

GORDON COUNTY

MOBILE HOME PERMIT APPLICATION

OWNER: Mobile Home Address Phone

OWNER: Land Name Address Phone

Directions to Property:

Are there any other dwellings on Property? ( ) Yes ( ) No
MAP & PARCEL # ACREAGE SEPTIC TANK #
PUBLIC WATER? ( ) YES ( ) No If No, what?

Location of mobile Home January 1 st
Purchased from? Seller Address Date

TAX INFORMATION MUST BE PROVIDED :

TAX STICKER # YEAR COUNTY DATE PAID
# YEAR COUNTY DATE PAID
# YEAR COUNTY DATE PAID

MOBILE HOME : YEAR MAKE MODEL
SIZE # BEDROOMS # ROOMS
SERIAL # COLOR

INSTALLER : Name Address Phone

INSTALLATION PERMIT # STATE LICENSE #

Note to applicant: Under no circumstances will power be approved or a Certificate of Occupancy be issued until such time as the state mandated installers decal is affixed to the cover of the electrical panel. In addition a re-inspection fee will be assessed. Therefore, please verify that the installers decal in place prior to scheduling your inspection.

MOVER OF M.H. Name Address Phone

SIGNATURE OF APPLICANT DATE

DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY

APPROVED / REJECTED BY PERMIT FEE
DATE APPROVED PERMIT #

ALL applications to the Building Inspector for building permits shall be accompanied by a recorded deed, site plan and survey.

The site plan must show:

- 1) the actual dimensions of the lot to be built upon;
- 2) the size of the building to be erected;
- 3) the location of the building on the lot;
- 4) the location of existing structures on the lot, if any;
- 5) the number of dwelling units the building is designed to accomodate;
- 6) the setback lines of buildings on adjoining lots;
- 7) the layout of off-street parking and loading spaces;
- 8) such other information as may be essential for determining whether the provisions of this Ordinance are being observed; and
- 9) such other information as may be requested by the Building Inspector or required by any other County Ordinance.

#### BUILDING PERMIT REQUIRED

It shall be unlawful to commence the excavation or filling of any lot for any construction of any building, or to commence construction of any building or to commence the moving or alteration of any building until a building permit for such work has been issued.

#### CONSTRUCTION PROGRESS

Any building permit or other permit issued pursuant to this Ordinance shall become invalid unless the work authorized by it shall have been commenced within six (6) months of the date of issue or if the work authorized by the permit is suspended or abandoned for a period of one (1) year.

#### FINAL INSPECTION (UNDERPINNING)

Local Ordinances require that Mobile Homes be underpinned before a final inspection will be done and permanent electrical service approved. Please note that it sometimes takes several weeks for this work to be completed because of contractors work loads. It is your responsibility to allow ample time for this work to be accomplished. Again, final inspections will not be approved without underpinning.

# MANUFACTURED HOME REPORT

GORDON COUNTY TAX ASSESSORS OFFICE  
P O BOX 533, CALHOUN, GA. 30703  
(706) 629-6812

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE:(HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

YR PURCHASED \_\_\_\_\_ MAP/PARCEL \_\_\_\_\_

LAND OWNER \_\_\_\_\_

IS THIS REPLACING ANOTHER M. H.? \_\_\_\_\_

IF SO, PLEASE GIVE YEAR , SIZE & DESCRIPTION OF PREVIOUS M. H.:

IF KNOWN, PLEASE GIVE CURRENT LOCATION OF PREVIOUS M. H.:

IF KNOWN, PLEASE GIVE NAME OF CURRENT OWNER OF PREVIOUS M. H.:

MANUFACTURED HOME WAS PURCHASED FROM: \_\_\_\_\_

DIRECTIONS TO PROPERTY AND PHYSICAL ADDRESS:

\_\_\_\_\_

## INFORMATION ON MANUFACTURED HOME

EXT. WALL: \_\_\_\_\_ MFG: \_\_\_\_\_

ROOFING: \_\_\_\_\_ MODEL: \_\_\_\_\_

FOUNDATION: \_\_\_\_\_ CLASS: \_\_\_\_\_

HEAT/AIR: \_\_\_\_\_ YEAR BUILT \_\_\_\_\_

FIREPLACE \_\_\_\_\_ SIZE: \_\_\_\_\_

# OF BEDROOMS: \_\_\_\_\_ # OF BATHS: \_\_\_\_\_ SERIAL # \_\_\_\_\_

COLOR & EXTERIOR FEATURES:

TAXPAYERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*****TAX ASSESSORS OFFICE INFORMATION*****			
DECAL YR _____	DECAL NUMBER _____	ACCOUNT NUMBER _____	
M&P# _____	FAIR MARKET VALUE\$ _____	ASSESSED VALUE\$ _____	
MH ONLY _____ HE _____ (TO QUALIFY FOR H.E. YOU MUST OWN BOTH M.H. & LAND , & LIVE IN M.H.)			
INFORMATION RECEIVED BY: _____		DATE _____	
LAST DECAL YEAR _____	LAST DECAL NUMBER _____	POWER METER# _____	