



Town of Gaston
131 North Carlisle St.
P.O. Box 429
Gaston, SC 29053

Manufactured Home Permit Application

PERMIT No. _____ Septic No. _____ ISSUE DATE: _____

A manufactured home permit is required any time a manufactured home is relocated within or into the Town of Gaston. All manufactured homes must meet the **1976 Construction and Safety Standards** and subsequent amendments, as designated by the Department of Housing and Urban Development.

INFORMATION REQUIRED ON ALL MANUFACTURED HOMES TO BE COMPLETED BY THE APPLICANT.

THIS APPLICATION FOR A MANUFACTURED HOME PERMIT IS SPECIFIC TO THE LOCATION AS INDICATED BELOW

LOCATION MANUFACTURED HOME WILL BE LOCATED AT

Address: _____

MANUFACTURED HOME INFORMATION

HUD Decal #	Lexington County Decal #
Year/Manufactured/ Model	
Serial Number	Length/Width
Scheduled date of Underpinning	

APPLICANT

The Applicant must provide proof of ownership of the manufactured home prior to obtaining a mobile home permit.

I certify that the above information is correct.

Name (print)	Signature	Date
Address		Phone

FOR P&D OFFICE USE

TMS #	Zoning	Issued By	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied [Reason]		Approved/ Denied By	Date
Flood Zone:	FIRM #:	Effective Date:	

FOR BUILDING OFFICIAL USE

1 st Inspection: _____	Date: _____	2 nd Inspection: _____	Date: _____
Final Inspection: _____	Date: _____	Remarks: _____	

FOR FINANCE OFFICE USE

Receipt#	Date	Fee
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