

**STOKES COUNTY INSPECTIONS DEPARTMENT  
APPLICATION FOR MODULAR HOME  
BUILDING/ZONING PERMIT**

Date \_\_\_\_\_ Power Company \_\_\_\_\_

Address of Job \_\_\_\_\_

Property Owners Name \_\_\_\_\_ Phone \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Office # \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
License # \_\_\_\_\_ Workman's Comp Affidavit Yes \_\_\_\_\_ No \_\_\_\_\_

Setup Contractor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Office # \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
License # \_\_\_\_\_ Workman's Comp Affidavit Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing Contractor Name \_\_\_\_\_  
Office # \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address \_\_\_\_\_ License# \_\_\_\_\_

HVAC Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
Office # \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address \_\_\_\_\_ License# \_\_\_\_\_

Electrical Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_  
Office # \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address \_\_\_\_\_ License# \_\_\_\_\_

**ITEMS REQUIRED FOR A PERMIT TO BE ISSUED**

- Copy of Septic Approval
- One set of Plans to have in the office
- If finishing upstairs or basement areas a Res Check will be required ([www.energycodes.gov](http://www.energycodes.gov))
- Lien Agent Requirement ([www.liensnc.com](http://www.liensnc.com))
- Site Plan

Construction Value of Home: \_\_\_\_\_ 1<sup>ST</sup> Floor Sq ft \_\_\_\_\_

Sq ft Basement \_\_\_\_\_ Heated or Unheated

Porches or Decks \_\_\_\_\_ Garage \_\_\_\_\_ Bonus Room \_\_\_\_\_

Upstairs: \_\_\_\_\_ Finished or Unfinished

General Statutes G.S. 87-1 & G.S. 143-139.1 any person firm or corporation that undertakes to erect a modular building must have either a valid NC General Contractors License or provide a surety bond of \$5,000.00 for each modular building to be erected.