



# CITY OF CREEDMOOR

P.O. BOX 765  
111 MASONIC STREET  
CREEDMOOR, NC 27522  
WWW.CITYOFCREEDMOOR.ORG  
(919) 528-3332

## RESIDENTIAL MANUFACTURED HOME CONSTRUCTION PACKET Cover Sheet

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Applicant Name

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Street Address

City, State, Zip Code

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Project Contact Name

Daytime Phone Number

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Email Address

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Project Address

Subdivision

Lot Number

The following information is required to be submitted in order to process an application for construction.

**Note: All forms must be completed before application will be processed.**

**1. To Planning Department:**

- Zoning Application
- Plat with structure shown with distances to property lines and existing utilities

**2. To Building Inspections Department**

- Building Permit Application
- Two sets of construction plans
- Contractor information to include state license numbers and local privilege license numbers

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*Internal Use Only*

Planning & Zoning

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Building

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Works

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Zoning Compliance Permit/Application # \_\_\_\_\_

Application for  Construction of a building  Relocation of a building  Alteration of a building  
 Change of Use  Other

**Applicant Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address (if different from mailing address) \_\_\_\_\_

**Property Owner Information (if different from applicant)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Contractor Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary State License # \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Description of Property**

Tax Map ID/PIN # \_\_\_\_\_ Is property within 100-year Floodplain?  Yes  No

**Lot Dimensions (As apply)**

Length \_\_\_\_\_

Width \_\_\_\_\_

Area \_\_\_\_\_

Frontage from Right-of-Way \_\_\_\_\_

Is this a corner lot? \_\_\_\_\_

**Structure Dimensions**

Length \_\_\_\_\_

Width \_\_\_\_\_

Height \_\_\_\_\_

Principal Structure \_\_\_\_\_

Accessory Structure \_\_\_\_\_

**Type of Use**  Single Family Residential  Industrial  Accessory  
 Multi-Family Residential  Commercial  Institutional

**Existing Structures on Property**

- Vacant Lot (No Buildings/Manufactured Homes on Property)
- Accessory Bldg (Including Detached Carports, Garages, and Storage Buildings)
- Manufactured Home
- Site-Built Home
- Commercial/Industrial Building

**Utility Services**

City Water  Well  City Sewer  Septic Tank  Gas  Electricity

**Is Structure in the Right-of-Way of Any of the Following (Check all that apply):**

City Utilities  Railroad  NCDOT or City Road  Proposed Thoroughfare  None

**Description of Zoning**

Zoning District \_\_\_\_\_  City Limits  Extraterritorial Jurisdiction (ETJ)

<b>Building Setbacks</b>	REQUIRED	PROPOSED
Front yard	_____	_____
Rear yard	_____	_____
Side yard, left	_____	_____
Side yard, right	_____	_____
Height	_____	_____
Maximum lot coverage	_____	_____
Maximum density	_____	_____

**Comments** \_\_\_\_\_

**Description of Proposed Work** \_\_\_\_\_

**Required Attachments**

1. A site plan or sketch that shows the **LOCATION** of all proposed building(s), driveway(s), **WATER AND SEWER LINES, WATER AND SEWER SERVICE METERS**, setbacks from the property lines/right-of-ways, all primary and accessory buildings (existing or proposed), all building dimensions and any off-street parking or loading areas or other site elements.
2. For all new construction of primary buildings, a copy of the recorded plat/survey will need to be attached to this application. A copy can be obtained from the Register of Deed's office.
3. **Driveway Permit Application with required attachments.**

**Notes**

1. An approved Permit shall expire and be cancelled unless the work authorized by it shall have begun within six (6) months of its issue date, or if the work authorized is suspended or abandoned for a period of one year, unless vested rights are requested, then this permit is valid for a period of two (2) years.
2. The Planning Department must be notified to make on-site inspections once the setback lines have been identified on site (for new construction.)
3. The Planning Department will attempt to make zoning determinations within four (4) business days of submission of a fully completed application.

**Owner/Applicant Statement**

I certify that I am the property owner or truly represent the property owner(s). I certify that the foregoing statements are accurate and correct to the best of my knowledge. I understand that the City of Creedmoor is not bound by oral or written assertions or representations of its staff members. I agree to conform to all City of Creedmoor Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinances will be grounds for revoking this permit and any other permits issued in reliance upon the same.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Internal Use Only*

Approved     Disapproved    Comments \_\_\_\_\_

Signature of Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

*The following information is required to be submitted with all requests for permits. Additional information may be requested to ensure compliance with state and local laws.*

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Project Address \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

Developer \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_

Type of Building:     New                       Existing

Building Area:        Length \_\_\_\_\_    Width \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

*Check type of permit(s) required and complete the information for each.*

**General Construction Permit**

Contractor Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary State License # \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Electrical Permit**

Contractor Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary State License # \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Mechanical Permit**

Contractor Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary State License # \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Plumbing Permit**

Contractor Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary State License # \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Accessory Structures Permit**

Accessory Building \_\_\_\_\_ Size \_\_\_\_\_ square feet  
 Solid Fence                       Swimming Pool                       Other

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I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable state and local laws and ordinances and regulations. The City of Creedmoor Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_