



## TOWN OF WAXHAW

### DEMOLITION/RELOCATION OF MANUFACTURED HOME PERMIT

Date: \_\_\_\_\_ Permit No: \_\_\_\_\_

Current Location of Structure: \_\_\_\_\_

New Location of Structure: \_\_\_\_\_

Height: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ SQFT: \_\_\_\_\_ Weight: \_\_\_\_\_

Type of Manufactured Home: \_\_\_\_\_ Model: \_\_\_\_\_

Model Year: \_\_\_\_\_ Vin No: \_\_\_\_\_

#### PLEASE SPECIFY ALL SERVICES TO BE DISCONNECTED:

Provided Services: \_\_\_\_\_

Gas  Water  Electric

DISCONNECT SERVICE DATE REQUESTED BY CUSTOMER: \_\_\_\_\_

DEMOLITION DATE REQUESTED BY CUSTOMER: \_\_\_\_\_

Tax ID No: \_\_\_\_\_

Route to be taken: \_\_\_\_\_

Estimated Date Relocation Will Begin: \_\_\_\_\_

Town of Waxhaw  
Development Services - Building Inspections Division  
1150 N. Broome St. Waxhaw NC 28173 Tel: (704) 843-2195 Fax: (704) 243-3276

[Inspections@waxhaw.com](mailto:Inspections@waxhaw.com)  
[www.Waxhaw.com](http://www.Waxhaw.com)

**CURRENT PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**MANUFACTURED HOME OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**I UNDERSTAND BY APPLYING FOR THIS PERMIT THAT I MUST RECEIVE ALL REQUIRED APPROVALS PRIOR TO STARTING ANY DEMOLITION WORK. (ALLOW (5) BUSINESS DAYS FOR RECEIPT OF APPROVALS.**

**CONDITIONS:**

- The firm performing the move shall be licensed in accordance with the requirements of the NC Department of Transportation (NCDOT). The NCDOT can be contacted at 919-715-7500 for additional information.
- A copy of the approved NCDOT permit application shall be received prior to Town of Waxhaw approval. The Local District NCDOT office can be contacted at 704-289-1397 for application requirements along roadways.
- The firm performing the move and the property owner will be financially responsible for any damages resulting to municipally maintained roadways, as well as utility adjustments made to accommodate the move.
- Release from the local power company shall be received prior to issuance of this Relocation Permit.
- The firm performing the move shall be responsible for providing and coordinating all traffic control required to complete the move. The Waxhaw Police Department can be contacted at 704-843-0353 for their requirements. The NC Highway Patrol should also be contact directly at 919-733-7952.
- The applicant is responsible for contacting all phone, cable and power companies.
- Verification of up-to-date status on Town taxes must be provided.

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**APPLICANT ACKNOWLEDGEMENT:**

I hereby certify that the information provided herein is, to the best of my knowledge, correct and complete. I will ensure that all adjacent and nearby public streets remain clear and free of dirt, mud, and debris resulting from my relocation activities. I understand that it is my responsibility to contact North Carolina ONE CALL at '811' or at 336-855-5760 prior to relocation of the structure. (In addition, all utility companies shall be contacted at least 72 hours prior to relocation). I further understand that I am responsible for any and all damage to Town property (not covered by ONE CALL) resulting from relocation activities and that I must contact the Town at 704-843-2195 immediately if any such damage occurs.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Permit Approved By: \_\_\_\_\_ Permit Denied By: \_\_\_\_\_

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