

# TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 • 882 Persimmon Road • Calabash, NC 28467  
Administration: (910) 579-6747 • Building Inspector: (910) 579-0500 • Fax: (910) 579-5494  
Web Address: [www.townofcalabash.net](http://www.townofcalabash.net) • Email: [towncalabash@atmc.net](mailto:towncalabash@atmc.net)

## Inspection Department Information Sheet

### Removal of Single/Double Wide Mobile Homes/Trailers

#### Step 1

Call the Brunswick County Tax Administration Office (910 253-2829 or 1 800 527-9001) to inquire about a "Moving Permit." Any taxes owed must first be paid before the permit can be completed (this information can be verified on the telephone). The owner must go to the Government Complex to complete the paperwork. The tax office is located in the David R. Sandifer Building, 30 Government Center Drive, NE, Bolivia, NC. Tax administration staff will need to know the name of the contractor moving the trailer.

#### Step 2

- Obtain a Demolition Permit Application from the Town of Calabash. (\$50 fee)
- Contact BEMC to have electric service disconnected. (800 842-5871)
- Contact the County Utilities Department to disconnect water service. (910 253-2655)

#### Step 3

When discussing the removal of the trailer with a contractor, discuss details concerning the removal of the trailer to the county land fill. (There is a land fill fee)

#### Step 4

After the trailer has been removed:

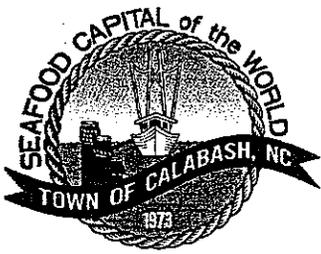
- If applicable, have any raised concrete pads removed.
- Insure that all debris has been removed - debris associated with the trailer as well as any weeds, grass, undergrowth or other debris.

#### Step 5

Contact the Town of Calabash Inspections Department to schedule a final inspection. (Failure to do so could result in a \$75 penalty)

The following list includes, but is not limited to, contractors who can be contacted to remove a trailer:

- Hyatt Construction, Kenneth Hyatt, (843) 663-4141
- Brunswick Trucking, Gerrin Hughes, (910) 287-4285
- D & S Enterprises, Steve Prescott, (910) 616-5162



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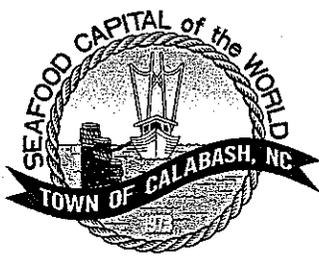
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### Calabash Inspections Department Minimum Requirements for Mobile Home Installation

NOTE: (A) According to the ordinance, a mobile home cannot be more than 7 years old.

(B) When applicable, complete the enclosed POA/HOA Approval Form.

1. Either obtain a septic or well permit from the Brunswick County Health Department or provide sewer and water tap fees from the County Public Utilities. If county utilities are new or existing, provide proof that fees have been paid. Once approval has been secured from either of these agencies, be sure to provide the Calabash Inspections Department with a copy.
2. If an existing mobile home is being removed, contact the Calabash Inspections Department to obtain a demolition permit application. All connections, including electrical, must be properly and safely disconnected and/or capped. The site must be clean of debris and all salvaged material stored neatly and safely on site. The site shall be left in a condition without hazards to workers and the general public. Areas of potential harm during and after construction shall be "fenced" off. CALL FOR A SITE INSPECTION BEFORE PROCEEDING ANY FURTHER.
3. Contact the Calabash Inspections Department to obtain building permit application forms. The application will not be reviewed until the application is complete – subcontractors must complete and sign their respective section. The license numbers of the contractor and subcontractors must be included.
4. Along with the building application, include 3 copies of a plot plan or survey, indicating the location of the house, distance of all set backs, septic system location (including field and repair areas), and accessory structures such as driveways, walks, steps, storage buildings and decks.
5. If the mobile home is new, provide a copy of the manufacturer's Set-Up Manual. Items to include: pier spacing, anchorage, egress, marriage line procedures and details and connection points for all utilities.
6. Once the application has been deemed complete, the Inspector will review the application and the fees will be determined.
7. The following inspections are required:  
Site set-backs for set up, t-pole, footings, foundation piers, tie-downs, marriage line, connections for plumbing, electric, mechanical, bonding of metal frame, under pinning, accessory structures (decks, steps, landings, storage buildings, etc).  
Final inspections to include smoke detectors, driveways (before the concrete is poured) and, Certificate of Occupancy.



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A Zoning Application is for all commercial and residential projects-fill in applicable sections.

Date: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

Street

City

Zip

Contact #'s: \_\_\_\_\_

Business

Cell

Fax

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

Street

City

Zip

Permit Applied for:  New Residential  New Commercial  Addition  Existing tenant space  Accessory Structure  
 Fence  Driveway  Parking  Development /Lot Clearing  Other \_\_\_\_\_

Describe work to be performed: \_\_\_\_\_

New commercial and residential complete this section

\_\_\_\_\_ Bldg Height (SET BACKS) Front yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Back Yard \_\_\_\_\_ Corner Lot:  Yes  No

Water Source:  Well-Permit # (for new construction only) \_\_\_\_\_  
 County Water (for new construction attach copy of paid fees receipt)

Sewer Treatment:  Septic Tank-Permit # \_\_\_\_\_  County Sewer-DWQ # \_\_\_\_\_

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

Lot # \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_

**Applicant Certification:** I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based on this certificate. I also understand that it is my responsibility to call to schedule all inspections. Initial after reading: \_\_\_\_\_

(Permit shall be void after six months from date of issue unless an inspection of the project has been made by that time.)

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

## FOR OFFICE USE ONLY

After consideration and review of the zoning permit application, I have determined that the applicant is in compliance with all related and applicable Town ordinances. Signature \_\_\_\_\_ Date \_\_\_\_\_

Parcel # \_\_\_\_\_ Flood Hazard Area/Zone: \_\_\_\_\_

Fire Inspector Approval needed:  Yes  No Attachments  Building Permit # \_\_\_\_\_

Town of Calabash Building Permit Application – RESIDENTIAL

PERMIT # \_\_\_\_\_

Date \_\_\_\_\_ Check type of permit: ( ) Building ( ) Electric ( ) Plumbing ( ) Mechanical ( ) Other \_\_\_\_\_

Applicant Information

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

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

(Local-Street, City, Zip)

(Out of Area-Street, City, Zip)

Phone: \_\_\_\_\_

(Home)

(Cell)

(Fax)

Site Information

Address/Location/Subdivision: \_\_\_\_\_

PARCEL#

General Contractor Information

Name (as licensed): \_\_\_\_\_

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

Street

City

Zip

Phone: \_\_\_\_\_

(Home)

(Cell)

(Fax)

License# \_\_\_\_\_

\*\*\*\*\*TOTAL COST OF PROJECT: \_\_\_\_\_

Owner Information

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

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

(Local-Street, City, Zip)

(Out of Area-Street, City, Zip)

Phone: \_\_\_\_\_

(Home)

(Cell)

(Fax)

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

( ) New ( ) Remodel ( ) Single Family ( ) Duplex ( ) Modular ( ) Single Mobile ( ) Double Mobile \_\_\_\_\_ Age \_\_\_\_\_ Size

Square Footage: Heated \_\_\_\_\_ Unheated \_\_\_\_\_ Deck \_\_\_\_\_ Covered Deck \_\_\_\_\_ Concrete Area \_\_\_\_\_

Accessory Buildings: ( ) No ( ) Yes Type \_\_\_\_\_ Size \_\_\_\_\_

Fireplace: ( ) No ( ) Masonry ( ) Prefab Pool: ( ) No ( ) Yes Size \_\_\_\_\_ Fence: ( ) No ( ) Yes Height \_\_\_\_\_ Length \_\_\_\_\_

Foundations: ( ) Concrete ( ) Block ( ) Slab on Grade ( ) Raised Slab ( ) Pilings ( ) Other \_\_\_\_\_

Insulation: (R-Value) Floor \_\_\_\_\_ Walls \_\_\_\_\_ Ceiling \_\_\_\_\_

HVAC: ( ) New ( ) Existing ( ) Heat Pump ( ) Gas ( ) Electric ( ) Air Handler ( ) Package Unit

Utilities: ( ) Electric ( ) Propane ( ) New ( ) Existing

\*\*\* A valid building permit will not be issued until the following conditions have been met: (1) the application has been filled out completely; (2) a site plan is submitted; (3) if applicable, proof of payment of water and sewer fees is included; (4) all fees have been paid; if applicable written approval from a POA/HOA.

If permits are granted, I hereby certify that all information in this application is correct and that all work will comply with the N.C. State Building Codes, CAMA, applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications/plans submitted. I certify that the structure will be placed on the lot conforming to all setbacks, yard requirements and height limitations.

I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge.

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

TURN PAGE OVER FOR SUBCONTRACTOR INFORMATION & THEIR SIGNATURES

For Calabash Building Inspector Only

Building Permit Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

# Subcontractor(s) - Provide information/signature(s) as shown on license

## BUILDER

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

License #: \_\_\_\_\_

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_

## ELECTRICIAN

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

License #: \_\_\_\_\_

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_

## HVAC

Name of Company: \_\_\_\_\_

Name of Contact Person (PRINT): \_\_\_\_\_

License # \_\_\_\_\_

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_

## PLUMBER

Name of Company: \_\_\_\_\_

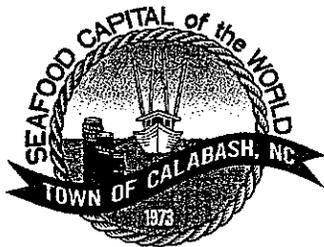
Name of Contact Person (PRINT): \_\_\_\_\_

License # \_\_\_\_\_

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

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature of person holding license: \_\_\_\_\_



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## POA/HOA APPROVAL FORM

The applicant must have a POA/HOA representative complete this form. The form will be part of the completed application that is returned to the Town of Calabash Inspections Department for review.

Check off which applies to the project:

Mobile  Modular  Single Family  Accessory Structure

Name of Subdivision: \_\_\_\_\_

Name of POA/HOA Representative: \_\_\_\_\_

The POA/HOA has reviewed the application and determined that:

1.  The application has been approved.
2.  The application is not approved for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Does the POA/HOA use a master impervious surface site plan?  Yes  No

Does the POA/HOA require a vegetation plan?  Yes  No

Does the POA/HOA require approval of accessory structures (i.e. shed, fence, pool, etc.)  Yes  No

\_\_\_\_\_  
Signature of POA/HOA Representative

\_\_\_\_\_  
Date

Additional comments or review letter provided by POA/HOA  Yes  No

**READ THIS NOTICE!!!!** The number of bedrooms in the mobile home must match the number on the HUD Label Data Plate as well as the number of bedrooms permitted by the Health Department. See attached sheets for documentation.

## SEPTIC TANK CAPACITY

When a consumer is upgrading from a single-wide to a double-wide manufactured home, there is always the possibility that the existing septic tank will be undersized for the new home. You as a salesperson should be aware of this possibility and should initiate communication with the local health officials to determine if a larger septic system will be required to accommodate the new home.

Rule 15A NCAC 18A.1949(a) from the Department of Environment and Natural Resources states, in part:

*In determining the number of bedrooms in a dwelling unit, each bedroom and any other room or addition that can be expected to function as a bedroom shall be considered a bedroom for design purposes.*

Note that this determination is made by authorized agents of the Department of Environment and Natural Resources, not by any other agency.

It is also important to note that to locate a manufactured home on a site without an approved wastewater system is a violation of Article 11 of Chapter 130A in the NC General Statutes.

Jim Long  
Commissioner of Insurance  
State Fire Marshal



MANUFACTURED BUILDING DIVISION

MEMORANDUM

DATE: February 1, 2001

TO: Building Officials, Manufactured Housing Manufacturers, Retailers, Set-Up Contractors and Other Interested Parties

FROM: C. Patrick Walker, P.E.  
Deputy Commissioner  
Manufactured Building Division

RE: Closet Removal in Manufactured Homes

Sizing of private septic tank wastewater systems in North Carolina is generally based on the number of bedrooms included in the home. It has been brought to the attention of this office that some manufactured home dealers and consumers are attempting to circumvent septic tank sizing requirements by removing bedroom closets and declaring those rooms to be for other purposes.

The Department of Housing and Urban Development (HUD) has advised this office as follows relative to HUD regulations:

"§3280.109 (c) requires that every room designed for sleeping purposes shall have accessible clothes hanging space. Removing the clothes hanging space from a room designed and approved for sleeping purposes, would bring the home out of compliance with the Federal Manufactured Home Construction and Safety Standards."

In accordance with §3282.254 (a), distributors or dealers may not sell or lease or offer for sale or lease any manufactured home not in conformance with Federal standards.

A consumer may not alter the home within the one year warranty period without taking the home out of compliance and thus voiding the manufacturer's warranty. Alterations on used homes or homes that are out of warranty involving the removal of bedroom closets for the purpose of septic tank sizing are acceptable only if approved by local Health Department officials.

MAILING ADDRESS:  
1202 Mail Service Center  
Raleigh, NC 27699-1202

Telephone Number: 919-661-5880  
Fax Number: 919-662-4405