

# 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) 579-5495

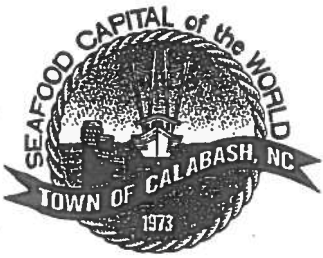
Web Address: [www.townofcalabash.net](http://www.townofcalabash.net) \* Email: [towncalabash@atmc.net](mailto:towncalabash@atmc.net)

## Calabash Inspections Department Minimum Requirements for Mobile Home Installation

**NOTE: (A) Check with the County's Health Department to determine if you need to complete an Existing Sewer System Check application. There is a fee and it can take two weeks for the county to complete the process.**

**(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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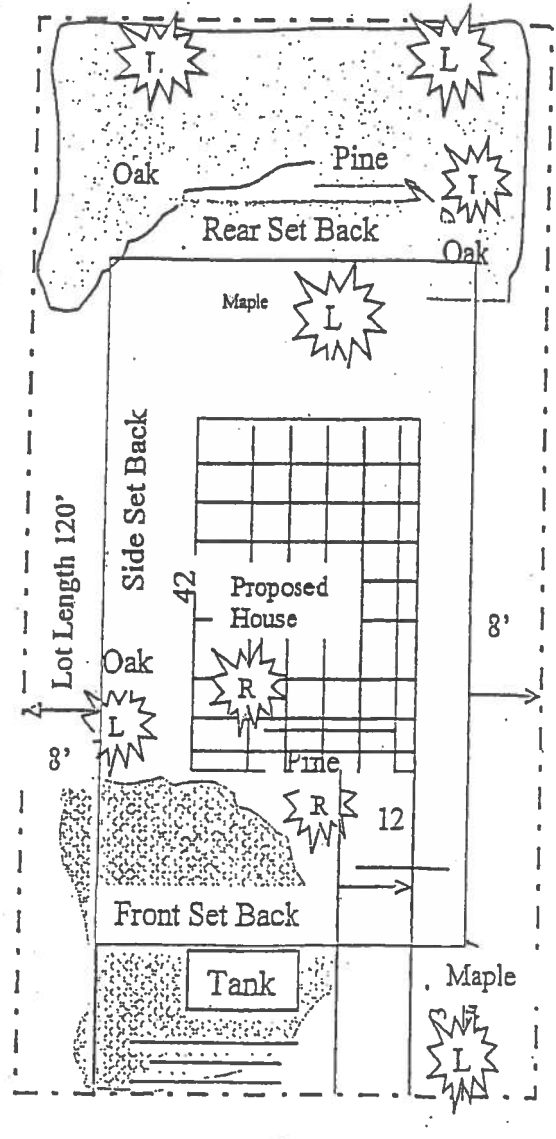
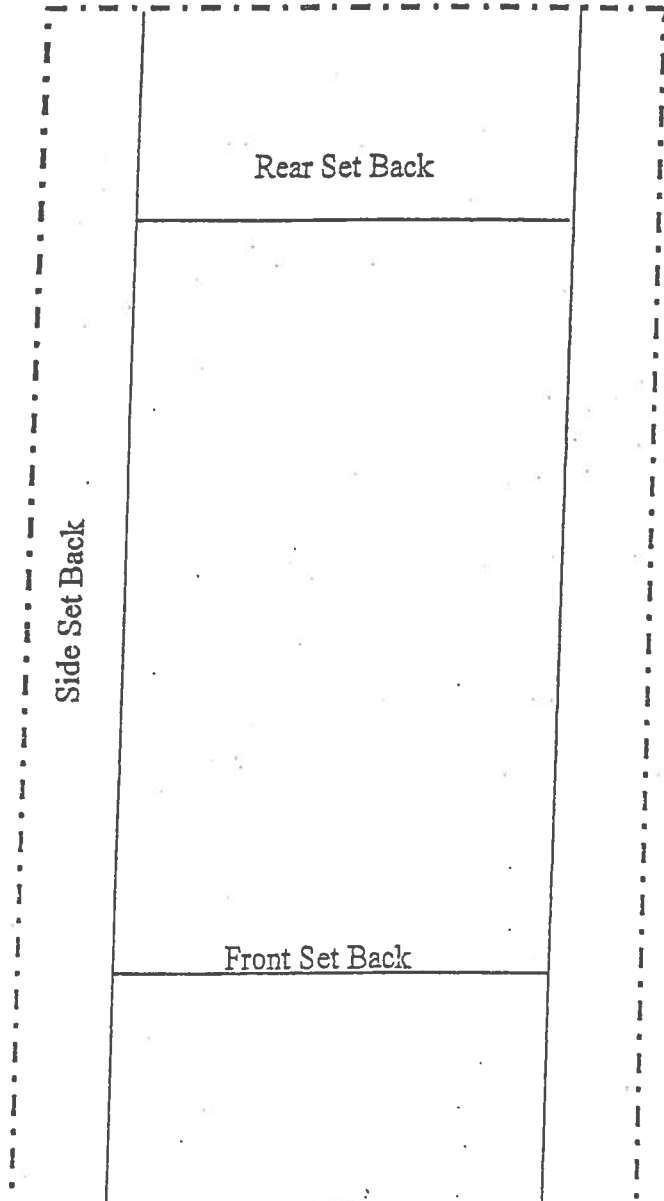
## VEGETATION WORKSHEETS (Appendix D)

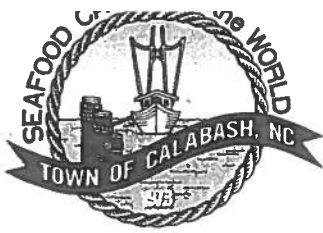
Use this worksheet to demonstrate that your project meets vegetation standards. Required information includes: **lot width and length; all set backs; location of proposed project, driveway, walkways, decks, accessory buildings, steps, septic field/lines/tank; locate all trees and identify the species (pine/hardwood) use an "R" (for remove) and an "L" (for leave); use an "X" for areas that require fill.**

(SAMPLE ONLY)

Lot Width

Lot Width 55'





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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 # \_\_\_\_\_

# APPENDIX E

## Stormwater Management Worksheet

Total lot area (sq. ft.) \_\_\_\_\_ 25% of lot area (sq. ft.) \_\_\_\_\_

House, garage, shed plus overhangs (sq. ft.) \_\_\_\_\_

Driveway, sidewalks, patios (sq. ft.) \_\_\_\_\_

Other impervious surfaces (sq. ft.) \_\_\_\_\_

Does the total impervious exceed 25% of the total lot area? Yes \_\_\_\_\_ No \_\_\_\_\_

Is more than 75% of natural vegetation being removed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is more than 6" of uncompressed fill being added to the lot? Yes \_\_\_\_\_ No \_\_\_\_\_

(Excessive fill areas and stabilization must be approved by the building inspector)

Describe the retention method to be used:

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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: \_\_\_\_\_

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

## 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.



SETUP SUBMITTAL [REDACTED] INFORMATION (\* REQUIRED)

\* Date of Manufacture: \_\_\_\_\_  SINGLEWIDE  DOUBLEWIDE  OTHER: \_\_\_\_\_

\* Wind Zone: \_\_\_\_\_  I  II  III  WITHIN 1500 FT OF COASTLINE

\* Thermal (U/O Value): \_\_\_\_\_ \* PERIMETER PIERS REQUIRED  YES  NO

\* HUD Label: \_\_\_\_\_

\* Specifications for Set-Up: State Code \_\_\_\_\_ Manufacturer's Installation Instructions \_\_\_\_\_

Over-Height Home: \_\_\_\_\_

Positive Drainage: \_\_\_\_\_

Vegetation Under Home Cut to Maximum of 2" Above Grade: \_\_\_\_\_

All Sod, Stumps, and Organic Materials Removed from Footing Areas: \_\_\_\_\_

Construction Debris Removed Under Home: \_\_\_\_\_

\* Soil Bearing Capacity: \_\_\_\_\_ \* HOW DETERMINED \_\_\_\_\_

\* Footings: Solid Blocks \_\_\_\_\_ Pour-in-Place Concrete \_\_\_\_\_ ABS Pads or other Listed and Labeled Material \_\_\_\_\_

\* Footing Size: \_\_\_\_\_ \* Footing Depth: \_\_\_\_\_ \* FOOTING BEARING DEPTH: \_\_\_\_\_

\* Pier Spacing: \_\_\_\_\_ Pier Height: \_\_\_\_\_ Single Stacked Piers: \_\_\_\_\_ Double Stacked Piers: \_\_\_\_\_

Cap Blocks: \_\_\_\_\_ Wedges: \_\_\_\_\_ \* DEPTH OF MAIN I-BEAM: \_\_\_\_\_

Marriage Line Pier Location (if required): \_\_\_\_\_ Perimeter Pier Location (if required): \_\_\_\_\_

Torque Value of Soil: \_\_\_\_\_

\* Anchor Manufacturer: \_\_\_\_\_ \* Anchor Model: \_\_\_\_\_ \* HOLD DOWN CAPACITY OF ANCHOR: \_\_\_\_\_

\* Anchor Installation: Direct Pull \_\_\_\_\_ Angled Pull \_\_\_\_\_ Rock Anchor \_\_\_\_\_ Concrete Cylinder \_\_\_\_\_

\* Stabilizer Plates (if required) \_\_\_\_\_ \* Anchor Head Exposed: \_\_\_\_\_ \* # OF LONGITUDINAL TIES \_\_\_\_\_

\* Approved Tie Strap Material: \_\_\_\_\_ \* Strap Angle: \_\_\_\_\_ \* STRAP SPACING \_\_\_\_\_

Marriage Line Connections: Floor \_\_\_\_\_ Roof \_\_\_\_\_ End Walls \_\_\_\_\_ Ceiling \_\_\_\_\_

Access to Crawl Space: \_\_\_\_\_ Tears in Bottom Board Repaired: \_\_\_\_\_

\* Skirting Foundation: \_\_\_\_\_ \* Skirting Material: \_\_\_\_\_ ● Crawl Space Ventilation: \_\_\_\_\_ ● Vapor Retarder: \_\_\_\_\_

Clothes Dryer Vented to Outside: \_\_\_\_\_

Proper Installation of Crossover Ducts: \_\_\_\_\_

Utility Connections: Electrical \_\_\_\_\_ Water Supply \_\_\_\_\_ DWV System \_\_\_\_\_ Gas \_\_\_\_\_

Smoke Detectors: \_\_\_\_\_

Steps, Landings, Etc.: \_\_\_\_\_

\* LOCATION OF DATA PLATE \_\_\_\_\_

\* MAXIMUM HEIGHT OF CURTAIN WALL (SKIRTING) \_\_\_\_\_