



City of Dawsonville
 P.O. Box 6, 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
www.dawsonville-ga.gov

**Mobile Home /
 Construction Trailer
 Permit Application**

Parcel #: _____ Zoning: _____ Permit # _____
 Mobile Home Park: _____ Lot #: _____ Age of Mobile Home: _____
 Project Address/Location: _____

Applicant's Name: _____ Title _____
 Owner's Name: _____ Phone # _____
 Company: _____ Cell Phone # _____
 Address: _____ City: _____ Zip: _____

Contractor's Name: _____ Company: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Cell Phone: _____ **Attach Copy of Business License & Contractor License**

	Footage	Fee	Cost
Mobile Home (Max. age 6 Yrs.)		.12 per square foot	
Porches		.12 per square foot	
Uncovered Space / Decks		.04 per square foot	
Land Disturbance Fee		\$190.00 per lot	
Electrical		\$20.00	
Re-Inspection Fee		\$30.00	
Minimum Permit Fee		\$40.00	
		Total Cost	\$

Items needed for Permit:

1. An Approved Recorded Plat – Clerk of Court
2. Paid tax receipt for the property – Tax Office
3. Septic Tank Permit (if applicable) – Health Department
4. Title or Bill of Sale (showing the model, year, serial #'s, size, and value)
5. Site Plan (acreage under one (1) acre must have a surveyed site plan)

Required Inspections:

1. Footings: property lines shall be staked to verify setbacks.
2. Set-Up Inspection: After the mobile home is properly installed (piers, tie-downs, etc.) and electrical service is built, the 2nd inspection can be performed. All towing devices, axles and wheels must be removed.
3. Final Inspection: all underpinnings, minimum 48"x 48" landings are constructed at each doorway with guardrails including pickets 36" high & 6" on center, and all disturbed ground covered to prevent erosion.

Permit Cards MUST be posted at the location prior to any work being done. Cards shall be visible from the street and protected from the weather. Non-Posting of permit cards constitutes a re-inspection and a \$30 re-inspection fee.

Applicant's Signature: _____ Date: _____ Check # _____ /Cash=Amount Paid \$ _____
 Processed by: _____ Invoice # _____