

APPLICATION FOR  
**PLACEMENT OF MANUFACTURED HOME**

**PERMITEE/APPLICANT (must be installer):**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Delivery/Setup Date: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**PROPERTY INFORMATION:**

Address You Are Moving the Structure From:  
\_\_\_\_\_

Address You Are Moving the Structure To:  
\_\_\_\_\_

**LEGAL DESCRIPTION:**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot Width: \_\_\_\_\_ Lot Length: \_\_\_\_\_

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

Structure will Face: N S E W (Circle one)

Front yard depth: \_\_\_\_\_

Side yard depth: \_\_\_\_\_

Side yard depth: \_\_\_\_\_

Rear yard depth: \_\_\_\_\_

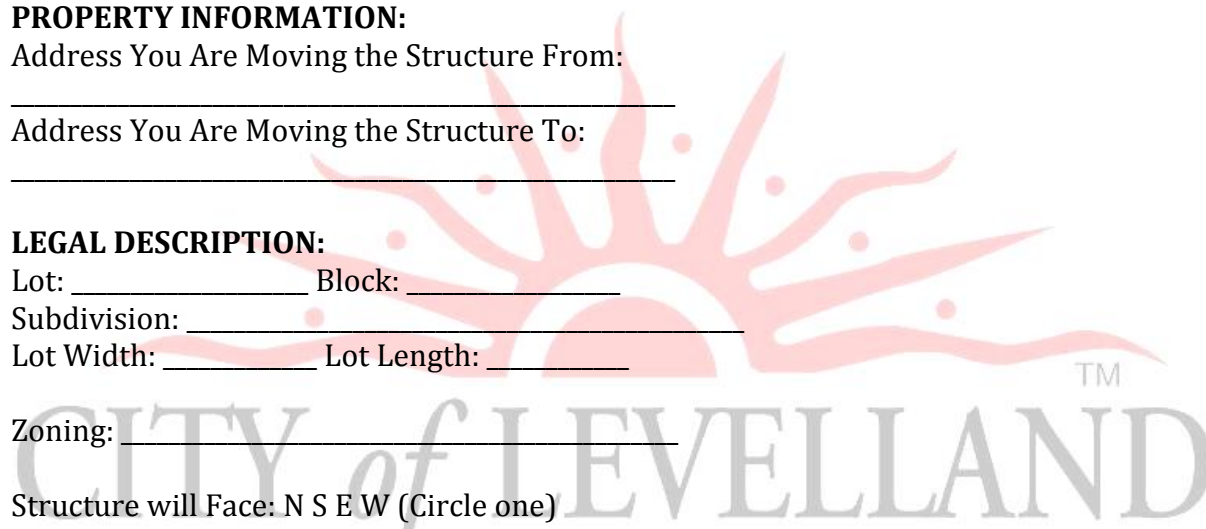
Existing Structure(s) on property:  YES  NO

(IF YES PLEASE CHECK BELOW WHICH ONE)

Dwelling \_\_\_\_\_ Accessory Building \_\_\_\_\_

Flood Zone:  YES  NO

Site Plan Attached:  YES  NO



APPLICATION FOR  
**PLACEMENT OF MANUFACTURED HOME**

**STRUCTURE INFORMATION:**

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Year/Manufacturer/Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Sanitary waste disposal system: City sewer \_\_\_\_\_ Septic system \_\_\_\_\_

***Applicant's Statement:***

*To the best of my knowledge, the information above is correct. I understand that this permit is good for 6 months from the date of issuance and that an inspection will be scheduled upon completion of setup. **Only a licensed installer will be permitted to obtain a permit.***

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



Setbacks and Placement Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Plans Checked and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

MANUFACTURED HOME PERMIT #: \_\_\_\_\_ Date: \_\_\_\_\_

CERTIFICATE OF OCCUPANCE PERMIT #: \_\_\_\_\_ Date: \_\_\_\_\_