FRANKLIN COUNTY BUILDING DEPARTMENT

Manufactured Home Permit Application

INSTRUCTIONS: **Complete and submit this application, along with the required information as outlined in *"Building in Franklin County"* booklet, plus the *"Non-Refundable"* $25.00 DEPOSIT; OR Mail information to the: Franklin County Building Dept., 400 E. Locust Room 006, Union, MO. 63084; 636-583-6384.**

Information on Property Owner:

Property Owner_____

Current Mailing Address_____

_____

Phone Number_____ Work #_____

Cell Number_____ Email Address_____

Information on Building Site:

ENS#_____

Subdivision Name_____

Lot #(s)_____

Permit # _____

Situs _____

Pol Twp _____

Lot Size _____

Twp_____ Rg_____ Sect_____

Deposit Fee: **$25.00** [NON-REFUNDABLE]

Balance Due Prior to First Inspection

AMOUNT PAID: _____ RECEIPT# _____

Zoning: School Dist.

Tax I.D.Parcel #_____

1] Is there a M/H on the property currently? ☐ Yes ☐ No

2] If Yes, what year was M/H placed?_____

3] Who was the property owner at the time the existing M/H was placed?_____

Information on Manufactured Home:

MH Year:_____	Electric Service:	HVAC/Mechanical:
MH Size:_____	Amperage:_____	☐ Gas ☐ Electric
MH Make:_____	Utility Co:_____	☐ Fireplace ☐ Central Air
# Bedrooms:_____	# Bathrooms:_____	☐ Other_____
Type of Setup: ☐ Piers	☐ Pad/Slab ☐ Runners	☐ Foundation
☐ Crawlspace	☐ Basement ☐ Finished Basement	☐ Tie-Down Plan

Water Supply:
☐ Individual Well
☐ Central System/District Name:_____
☐ Approval Letter from District Received

OFFICE USE ONLY

Date Application Received:

Call For Permit P/U: ☐ Owner ☐ Contractor

Mail Permit To: ☐ Owner ☐ Contractor

Notes:

DRIVEWAYS: Will You Be Modifying An *Existing* Driveway? ☐ Yes ☐ No
Will You Be Installing A *New* Driveway? ☐ Yes ☐ No

SEWAGE DISPOSAL SYSTEM

☐ Central System/District Name:_____

☐ Approval Letter from Sewer District Received

☐ Individual On-Site System:

☐ Percolation Rate:_____ Recommendation:_____

☐ Soil Evaluation/Recommendation_____

CONDITIONS OF APPLICATION FOR PERMIT:

I agree to connect to a publicly - or governmentally - owned and operated water supply and/or sewer line if located within 300 ft. of my property, as required by the *"County of Franklin On-Site Sewage Disposal Systems Ordinance & Regulations."* I agree that my sewage construction work shall be performed in accordance with the *"County of Franklin On-Site Sewage Disposal Systems Ordinance & Regulations"* and if I contract an installer to perform the work, s/he must be certified/registered installer. ***Percolation Test results/Soil Evaluation results, complete sewer design, detailed plot plan and choice of installer is mandatory at time of application.***

INDIVIDUAL PERFORMING SEWAGE INSTALLATION WORK:

Certified/Registered Installer Name & # :_____

***If homeowner is the on-site sewage disposal installer, an affidavit - available at the Building Department Office - *must* be signed by s/he at time of application and/or prior to permit being issued.

HomeOwner as Installer Signature: X_____

X_____ _____
Signature of Applicant/Agent Date of Application

Building Department * Office Use Only *** Building Department**

Use Group_____ Type of Construction_____ House SF_____ FB_____ UFB_____

Garage_____ Estimated Construction Cost_____ Permit Cost_____

Date Reviewed_____ Reviewers Name_____

Planning & Zoning Dept * Office Use Only *** Planning & Zoning Dept**

Front Yard Setback_____ Side Yard Setback_____ Rear Setback_____ P/Spaces_____

Zoning Office Approval ☞