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)

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:

<table>
<thead>
<tr>
<th>MH Year:</th>
<th>Electric Service:</th>
<th>HVAC/Mechanical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH Size:</td>
<td>Amperage:</td>
<td>☐ Gas</td>
</tr>
<tr>
<td>MH Make:</td>
<td>Utility Co.:</td>
<td>☐ Electric</td>
</tr>
<tr>
<td># Bedrooms:</td>
<td># Bathrooms:</td>
<td>☐ Fireplace</td>
</tr>
<tr>
<td>Type of Setup:</td>
<td></td>
<td>☐ Central Air</td>
</tr>
<tr>
<td>☐ Piers</td>
<td>☐ Pad/Slab</td>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Crawlspace</td>
<td>☐ Basement</td>
<td></td>
</tr>
<tr>
<td>☐ Runners</td>
<td>☐ Finished Basement</td>
<td></td>
</tr>
<tr>
<td>☐ Foundation</td>
<td>☐ Tie-Down Plan</td>
<td></td>
</tr>
</tbody>
</table>

Water Supply:

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

OFFICE USE ONLY
Date Application Received: Call For Permit P/J: ☐ 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.

Home Owner as Installer Signature: 

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

BLDGFORM.73a [02/07]