

# 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 \_\_\_\_\_

Permit # _____		
Situs _____		
Pol Twp _____		
Lot Size _____		
Twp _____	Rg _____	Sect _____
Deposit Fee: <b>\$25.00</b> [NON-REFUNDABLE] ***Balance Due Prior to First Inspection***		
<u>AMOUNT PAID:</u> _____		<u>RECEIPT#</u> _____
Zoning: _____		School Dist. _____

**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:**

MH Year: _____	Electric Service: _____	HVAC/Mechanical: _____
MH Size: _____	Amperage: _____	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
MH Make: _____	Utility Co: _____	<input type="checkbox"/> Fireplace <input type="checkbox"/> Central Air
# Bedrooms: _____	# Bathrooms: _____	<input type="checkbox"/> Other _____
<b>Type of Setup:</b> <input type="checkbox"/> Piers	<input type="checkbox"/> Pad/Slab <input type="checkbox"/> Runners	<input type="checkbox"/> Foundation
<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Basement <input type="checkbox"/> Finished Basement	<input type="checkbox"/> Tie-Down Plan

<b>Water Supply:</b>
<input type="checkbox"/> Individual Well
<input type="checkbox"/> Central System/District Name: _____
<input type="checkbox"/> 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			