



MANUFACTURED HOME APPLICATION

(ALL INFORMATION IS REQUIRED)

| |
|-----------|
| Received: |
|-----------|

Submittal Requirements:

1. A pier placement drawing must be submitted for all manufactured homes.
2. A plot plan containing the legal description, site address, and name of builder.
3. Moving Permit Required from County Tax Assessor's Office. (If relocating from within Stark County)

1. LOCATION INFORMATION

| | |
|-----------------------|---------------|
| Site Address: | |
| Approximate Set Date: | |
| Contact Person: | Phone Number: |
| Company: | Home Owner: |

2. MANUFACTURED HOME INFORMATION

| | | | |
|-------------------------------|------------------------------|--------------|-------|
| <input type="checkbox"/> Used | <input type="checkbox"/> New | | |
| Year: | Make: | Model: | Size: |
| Manufacturer: | Serial #: | HUD Label #: | |

3. INSTALLER INFORMATION

| | |
|---|--------------------------------|
| <input type="checkbox"/> Registered Installer | <input type="checkbox"/> Owner |
| Name : | Name: |
| Installer ID Number: | Phone Number: |
| Phone Number: | |

A member of the Building Division will inform you when the permit has been created. Any information the applicant has set forth in this application that is false or misleading may result in the rejection of the application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies.

I hereby declare and affirm that all matters and facts set forth in this application are true and correct to the best of my knowledge, information and beliefs.

Signature

Date

This permit application and associated plans have been reviewed for compliance with the Code. All work associated with this permit is subject to field inspection by certified individuals during the course of construction. Issuance of this permit is in no way granting any portion of the proposed work to be completed in a manner contrary to the Code. Construction must commence within (six) months.

Signature

Date

Credit Cash Check

Received by: _____

Total Permit Fee: _____

4. OFFICE USE ONLY

| | |
|------------------|----------------------|
| Completion Date: | Inspector ID Number: |
|------------------|----------------------|