FRANKLIN COUNTY BUILDING DEPARTMENT

Manufactured Home Permit Application

<u>INSTRUCTIONS</u>: 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	Office Use Only
Current Address	
Phone #Work #	
Cell Number:	
Email Address	
Information on Building Site:	Deposit Fee: \$25.00 (NON-REFUNDABLE)
Subdivision Name	Call for Permit P/U:OwnerContractorMail Permit to:OwnerContractor
Site Address	AMOUNT PAID: RECEIPT#
Tax I.D.Parcel #	
1] Is there a M/H on the property currently? Yes	

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

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

Owner

Contractor

Information on Manufactured Home:

Mail Permit To:

MH Year:		Electric Service Amperage:	HVAC/Mechanical:
MH Size:		Utility Co:	Gas Electric
MH Make:		Premise # (Ameren UE Only):	Fireplace Central Air
MH VIN # (required):		# Bedrooms:	# Bathrooms:
Type of Setup:	PiersBasement	 Pad/Slab Runners Finished Basement 	Crawlspace

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					

<u>D</u> F	RIVEN	VAYS:	Will You Be Modifying An <i>Existing</i> Driveway? Will You Be Installing A <i>New</i> Driveway?	□ Yes □ Yes	□ No □ No	
<u>se</u>	EWAG	GE DI	SPOSAL SYSTEM			
	Cen	tral Sy	stem/District Name:			
	Арр	roval L	Letter from Sewer District Received			
□ Individual On-Site System:						
			Percolation Rate:Recomn			
			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 he/she 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			
GarageEstimated Construction CostPermit Cost							
Date Reviewed	Reviewers Name						
Planning & Zoning Dept *** Office Use Only *** Planning & Zoning Dept Front Yard SetbackSide Yard SetbackRear SetbackP/Spaces Zoning Office Approval							