



FEE AMOUNT \$ \_\_\_\_\_  
 CHECK # \_\_\_\_\_ CASH ( )

DATE: \_\_\_\_\_  
 PERMIT

PLANNING & DEVELOPMENT  
 DEPARTMENT  
**MANUFACTURED  
 BUILDING SET-UP  
 PERMIT APPLICATION**

**Portable buildings must be 5 ft from property line and 10ft from other structures.**

Certified Set-up Installer \_\_\_\_\_

	Name	Address	Phone
State License # _____		City License # _____	

To Set-Up Building at _____	Lot Number _____
Street Address	

Owner _____	_____
Name	Address
	Phone

JOB VALUE \$ \_\_\_\_\_

**LIST ALL LICENSED SUB-CONTRACTORS: (Must have Business License)**

Electrical _____	Phone _____	Cell Ph _____
Gas _____	Phone _____	Cell Ph _____
Mechanical _____	Phone _____	Cell Ph _____
Plumbing _____	Phone _____	Cell Ph _____

Zoning Div. _____	Reviewing Inspector _____
INITIAL	INITIAL

PERMIT TYPE:  
 Manufactured Building Set-Up

CLASS OF WORK  
 New \_\_\_\_\_  
 Used \_\_\_\_\_

BUILDING USE CODE  
 MBI \_\_\_\_\_

**NOTE:** By signing this application the PERMITTEE agrees that only the following people will be working on the Project: I hereby acknowledge that I have read this application and state that the above information is true and correct.

\_\_\_\_\_  
 SIGNATURE DATE