

MANUFACTURED HOME
PERMIT

City of



Dover

BEFORE YOU DIG
CALL MISS UTILITY
1-800-282-8555

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION.
WHEN READY FOR INSPECTION OR IF CHANGING CONTRACTORS CALL 736-7011
72 HOURS IN ADVANCE

DATE RECEIVED _____

WORK SITE LOCATION _____

SUBDIVISION _____ LOT NO _____

OWNER _____

ADDRESS _____

TELE () _____ CELL () _____

DEALER WHERE HOME WAS PURCHASED _____

ADDRESS _____

TELE () _____ CELL () _____

DOVER BUSINESS LICENSE NO. _____

LICENSED HOME INSTALLER _____

ADDRESS _____

TELE () _____ CELL () _____

INSTALLER LICENSE NO. _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW:	DATE	INITIAL
() FOOTING	_____	_____

CODE REVIEW:

() ZONING	_____	_____
() FIRE	_____	_____

**CERTIFICATION IN LIEU OF OATH:

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM
AUTHORIZED TO MAKE THIS APPLICATION AND WILL PERFORM ALL WORK IN
ACCORDANCE WITH THE APPLICABLE CODES AND ORDINANCES.

PRINT NAME _____

SIGNATURE _____

DESCRIPTION OF HOME

MANUFACTURER _____

YEAR OF HOME _____ SIZE OF HOME _____

PERMANENT FOUNDATION _____ YES _____ NO

BLOCKING & SKIRTING _____ YES _____ NO

TYPE OF ANCHOR _____

***FOOTING PLAN REQUIRED FROM INSTALLER.
INSTALLATION MANUAL MUST BE IN THE HOME
AT TIME OF INSPECTION.

EST. COST OF BLDG WORK:

1. NEW BLDG	\$	_____
2. ALTERATION	\$	_____
3. TOTAL	\$	_____

PAID () CHECK# _____

CASH _____

COLLECTED BY _____