



Residential Manufactured Home Permit Application

Jefferson County Code Enforcement

PO BOX 100 / 725 Maple Street

Hillsboro, MO 63050

Phone: 636-797-5310

Fax: 636-797-5077

Permit: _____ Int.

Date: _____

PROJECT INFORMATION & LOCATION:

Project Type: Residential Commercial

Premise # _____

Set On Private Property _____ Set in Mobile Home Park _____ Construct New Pad in Park _____

Project Address _____ City _____ Zip code _____

Parcel # _____ - _____ - _____ - _____ Subd. _____ Lot # _____

OWNER INFORMATION:

Owner _____
Name Phone #

Owner Address _____
Street Address City State Zip Code

Tenant or Business Name _____ Existing New

WORK DESCRIPTION: (Brief description of work)

DESCRIPTION OF MOBILE HOME:

Width _____ Length _____ Year _____ Number of Exit Doors _____ Number of Bedrooms _____

Full Concrete Slab () Basement () Foundation () Piers () Runners ()

Type Of Anchorage: Tie Downs in Concrete () Ground Anchors () Name of Anchoring System _____

Sewage Disposal: Septic Tank () Aeration Unit () Lagoon () Public District () Other ()

Water Supply: Private Well () County Water () Other ()

Fire District _____ Existing Buildings on Lot _____ Occupied as _____

DIRECTIONS TO SITE:

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES _____ NO _____

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260,RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.

I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations and the Sewage Ordinance.

No structure may be occupied or used for any purpose until an Occupancy Permit has been issued by the Building Official.

CONTRACTOR/APPLICANT INFORMATION & CERTIFICATION:

Contractor/Applicant _____
 Business Name Applicant Name Certification # Phone #

Contractor/Applicant Address _____
Street Address City State Zip Code

Signature _____ Owner Contractor Applicant