

DEPARTMENT USE ONLY

Permit App. No. _____
 Date Received _____
 Date Forwarded _____
 Date Returned _____

Date Issued _____
 Zoning Approved by or N/A _____
 Flood Plain Approved by or N/A _____
 OMHC Seal Number _____

PERMIT APPLICATION FOR MANUFACTURED HOME INSTALLATION

SITE ADDRESS: _____		County: _____	Township: _____
LOT #: _____	New Home? <input type="checkbox"/>	Used Home? <input type="checkbox"/>	Private Property? <input type="checkbox"/> Manufactured Home Park? <input type="checkbox"/>
ZONING DISTRICT APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		FLOOD PLAIN ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO Map# _____	
LAND OWNERS NAME: _____		TELEPHONE: _____	
HOME OWNERS NAME: _____		TELEPHONE: _____	
FOUNDATION WORK:		INSTALLER'S LICENSE NO.	
NAME: _____		ADDRESS: _____	
TELEPHONE: _____		FAX: _____ CELLULAR: _____	
E-MAIL ADDRESS: _____			
SET CREW WORK:		INSTALLER'S LICENSE NO.	
NAME: _____		ADDRESS: _____	
TELEPHONE: _____		FAX: _____ CELLULAR: _____	
E-MAIL ADDRESS: _____			
OTHER INSTALLERS OR CONTRACTORS: SCOPE OF WORK:			
INSTALLERS LICENSE OR CONTRACTOR(S) REGISTRATION No. _____			
NAME: _____		ADDRESS: _____	
TELEPHONE: _____		FAX: _____ CELLULAR: _____	
E-MAIL ADDRESS: _____			
APPLICANT : (circle) – retailer, park operator, home/land owner, installer, or other _____			
NAME: _____		ADDRESS: _____	
TELEPHONE: _____		FAX: _____ CELLULAR: _____	
E-MAIL ADDRESS: _____			
DESIGN PROFESSIONAL:			
<input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER		REGISTRATION No.: _____	
NAME: _____		ADDRESS: _____	
E-MAIL ADDRESS: _____			
TELEPHONE: _____		FAX: _____ CELLULAR: _____	
BUILDING CONSTRUCTION AREA (List the square footage in the appropriate section below)			
NOTE: OMHC is not the permitting agency for basements, garages, decks (greater than 9 sq. ft.), or for any other construction not included in the OMHC installation standards. You must contact the local authority having jurisdiction.			
Total square feet of living area: _____	Crawl space: _____	Basement: _____	Garage/carport: _____ Decks/other: _____
BUILDING INFORMATION			
# OF ROOMS: _____	# OF BEDROOMS: _____	SECOND FLOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	HINGED ROOF <input type="checkbox"/> YES <input type="checkbox"/> NO

MANUFACTURED HOME DESIGN CRITERIA

- | | |
|--|--|
| <input type="checkbox"/> Home Dimensions _____ x _____
<input type="checkbox"/> Basement Dimensions _____ x _____
<input type="checkbox"/> Crawl Space Dimensions _____ x _____
<input type="checkbox"/> Footer Dimensions _____ x _____
<input type="checkbox"/> Block (max 3 courses, reinforced & grouted)
<input type="checkbox"/> Block ACI 318, BIA Eng. Brick Masonry

<input type="checkbox"/> Block NCMA TR-68A ACI/ASCE 530
<input type="checkbox"/> Poured Concrete (8" wide with footer)
<input type="checkbox"/> Poured Concrete (12" wide without footer)
<input type="checkbox"/> Anchor System Type: _____
<input type="checkbox"/> TRANSVERSE I-Beam Foundation
<input type="checkbox"/> Perimeter Load-Bearing Wall Foundation
<input type="checkbox"/> Slab or Runner Foundation
<input type="checkbox"/> Soil bearing capacity: _____ per square feet.
Tested by: _____ Date: _____ | <input type="checkbox"/> Manufacturer's Foundation Drawing with Footing Location and Sizes Indicated on the Drawing
OR
Manufacturer's Foundation Drawing with Footing Locations only and Footing Size Indicated by providing a Copy from the Installation Manual of the Appropriate Sizing Tables with the Size of the Footings Indicated

<input type="checkbox"/> OHIO Design Professional 's Drawing with Footing Locations and Sizes Indicated. Ohio Architect's and Professional Engineer's may design slabs, runners, etc

<input type="checkbox"/> Foundation Drawing to Scale with Footing Locations And Footing Size Indicated by providing a Copy from The Ohio Installation Standards OAC4781 with the of the Appropriate Sizing Tables with the Size of the Footings Indicated |
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ELECTRICAL for manufactured homes; (Inspections include only work related to installation)

Service on: HOME POLE Service size: _____ Service wire size: _____

MANUFACTURER: (possible verification at later date)

Name: _____	HUD No.(s) _____
Serial No. _____	

CERTIFICATION (Read all sections carefully before signing, and attach any drawings and/or supporting documents)

ALL PERMITS SHALL EXPIRE 180 DAYS FROM THE DATE OF ISSUE. 180 DAY EXTENTIONS MAY BE GRANTED IF REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED.

I FULLY UNDERSTAND THAT NO EXCAVATION, INSTALLATION, ELECTRICAL OR MECHANICAL INSTALLATION, OR ALTERATION OF THIS MANUFACTURED HOME, OR PART THEREOF SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE AUTHORITY HAVING JURISDICTION. I FURTHER UNDERSTAND THAT NO PERSON, FIRM OR CORPORATION SHALL INSTALL, OCCUPY, OR PERMIT OCCUPANCY OF THE ABOVE IN CONFLICT WITH OR IN VIOLATION WITH CHAPTER 4781 OF THE OMHC RULES.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the OMHC certified inspector and ESI shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the OMHC Rule(s) applicable to such permit.

Governmental agencies, other than OMHC and utility companies have rules and policies regulating the placement of utility service lines in relation to the manufactured home. The issuance of permits and the performance of inspection do not constitute the placement of utility lines under such rules and policies. It is the sole responsibility of the owner and the owner's agent to determine and comply with applicable rules and policies of other governmental agencies and utility companies. For information, contact the appropriate utility company.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____	DATE: _____
PRINT NAME: _____	
<input type="checkbox"/> HOLD / DATE: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIALLY APPROVED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
REASON: _____	BUILDING OFFICIAL: _____ / /
	PLANS EXAMINER: _____ / /