

# Modular/Manufactured Permit Application

## LOCATION OR SITE:

911 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Lot #: \_\_\_\_\_

## CONTRACTOR/BUILDER:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 License #: \_\_\_\_\_

## IMPROVEMENT TYPE:

**STRUCTURE:**     IBS  
                            HUD

**WORK:**             New  Addition     Remodel

**USE:**               Single Family     Two Family     Multi Family  
                            Commercial     Industrial     Mobile

**Estimated Cost of Construction:** \_\_\_\_\_

**Year:** \_\_\_\_\_

## Type:

Single                       Double                       Triple

## FOUNDATION TYPE:

Crawl     Slab     Engineered     Existing     Finished Basement  
 Post & Pad     Unfn Basement     Wood     Block     Poured

## PROPOSED CHARACTERISTICS/SQUARE FOOTAGE

# of Floors \_\_\_\_\_ 1st

# of Bedrooms \_\_\_\_\_ 2nd

# of Full Bath \_\_\_\_\_ Bonus Room \_\_\_\_\_

# of 1/2 Bath \_\_\_\_\_ Bsmt Finished \_\_\_\_\_

Foundation \_\_\_\_\_ Bsmt Unfinished \_\_\_\_\_

Exterior \_\_\_\_\_ Covered Porch \_\_\_\_\_

Height \_\_\_\_\_ Garage \_\_\_\_\_

Total Sq. Ft. \_\_\_\_\_ Living Sq. Ft. \_\_\_\_\_

## UTILITIES INFORMATION

Type of Sewer Disposal:     Public             Private (Septic)

Type of Air Conditioning:     Central - Electric     Central - Gas

Type of Heating:     Gas     Electric     Oil     Propane

Electric Utility: \_\_\_\_\_

## DEPARTMENT USE ONLY:

ILP #
Building Permit #
Permit Fee
Receipt #
Check #
Date
Issued By:
Section                      Twp                      Range
Zoning
Floodplain
Parcel ID #

## PLUMBER/ELECTRICIAN

Name of Plumber \_\_\_\_\_  
 Name of Electrician \_\_\_\_\_

## Property Owners (current):

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Applicant:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**I ACKNOWLEDGE THAT REQUESTED INSPECTIONS MUST BE CALLED FOR 24 HOURS PRIOR AND THAT I HAVE SUBMITTED PROPER DRAWINGS AND LAYOUT OF STRUCTURE**

**I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY**

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_