



**Owner/Applicant Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Contractor Information**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
IL Licensed Installer Name and License #: \_\_\_\_\_  
General Contractor \_\_\_\_\_  
Contractor Number: \_\_\_\_\_  
Installer Number: \_\_\_\_\_

**Application Type:**

Single Wide  Double Wide   
Modular  Replacement  
Manufactured Home value:  
\$ \_\_\_\_\_  
Estimated foundation value:  
\$ \_\_\_\_\_  
 Land owner approval letter (if applicable)  
 Piers  Continuous foundation (plan  
required)  
Is location in a Floodplain  Yes  No (if Yes  
all floodplain regulations must be followed)

**Utilities:**

New Septic system installed  Existing  
Septic System (letter from Jersey County  
Health Department required)  Private well  
 Rural Water  Electric hookup

**Manufactured Home Information: (Proof required)**

**Stop if unit was built before 1976**

Year of Manufactured Home: \_\_\_\_\_ Size: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Number of bedrooms: \_\_\_ Bathrooms: \_\_\_\_\_

**Other Permits Required:**

Carport/Garage square footage: \_\_\_\_\_  
 Deck square footage \_\_\_\_\_  
 Accessory building square footage: \_\_\_\_\_

**READ BEFORE SIGNING**

Separate Permits are required for decks, carports, garages, or accessory buildings. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Applicant/Authorized Representative  
Date

**Installation Requirements:**

Square footage of parcel (must be 7,200 sq ft) \_\_\_\_\_

Meets the required set-backs  Yes  No

Will the Manufactured Home be placed in a licensed Mobile Home Park?

Yes  No Name of Park \_\_\_\_\_

IL license number: \_\_\_\_\_

Name of Park owner: \_\_\_\_\_

Contact information: \_\_\_\_\_

Jersey County, IL