

City of Maysville
4 Homer Street
Maysville, GA 30558

Manufactured Home Permit Application Checklist

The following list of documentation is required before a permit will be issued for residential construction. Incomplete forms will not be processed and will delay permit issuance. Please return this form with all permit application submittals.

- _____ Completed building application
- _____ Installer's licensing documentation (state, business and driver's)
- _____ Completed electrical subcontractor trade permit
- _____ Electrical subcontractor licensing documentation (state, business and driver's)
- _____ Additional Trade permits and license documentation if applicable (plumbing, HVAC)
- _____ Scaled site plan detailing project location, location of other structures on property)
- _____ Verification of 911 Addressing
- _____ Verification of water/sewer connection as applicable
- _____ Septic permit (if applicable)

Project Address: _____

Applicant Name: _____

Received by: _____

Date: _____

City of Maysville
4 Homer Street
Maysville GA 30558

**Manufactured Home
Permit
Application**

- Single Wide
- Double Wide
- Alteration / Addition

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

Acreage of site:

Map and Parcel #:

Zoning District:

Description of Work : _____

Property Owner

Name:

Phone:

Address:

Email:

Installer / Contractor

Name:

GA License #:

Address:

Phone:

Email:

Serial #: _____

Manufacturer: _____

Heated Sq. Ft.: _____

Model #: _____

Length: _____ Width: _____

Unheated Sq. Ft.: _____

Year: _____

#Bedrooms _____ #Bathrooms _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.

Signature of Applicant :

Date:

FOR OFFICE USE ONLY

Code Official Signature:

Construction Type:

Occupancy:

LDP Required: yes no

Sq. Footage

Valuation Multiplier

Valuation \$

Heated

Unheated

TOTAL

Administrative Fee:

Permit Fee:

Plan Review Fee:

CO Fee:

Total Fee:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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**Plumbing
Permit Application**

- Residential
- Commercial
- Alteration/Repair

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

LOT/ SUITE #:

PROJECT NAME:

Property Use:

Zoning District:
Map and Parcel:

Job Description: _____

**Property
Owner**

Name:

Address:

State:
Zip:

Phone:

Email:

**Trade
Contractor**

Name:

State License No.:

Address:

State:
Zip:

Phone:

Email:

Type of Service:

Public: [] Size: _____ Other: _____

Private: [] Size: _____ Septic Tank: _____

Check if Applicable

[] PLUMBING [] FIRE SUPPRESSION

Number of Heads: _____

NUMBER OF: Water Heater: _____ Sinks: _____

Dishwasher: _____ Disposal: _____

Toilets: _____ Separate Showers: _____

Tub/Shower Combo: _____ Tubs: _____

Washer: _____ Laundry Tub: _____

Hose Bib: _____ Other: _____

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Signature of Licensed Cardholder or Applicant:

Date:

FOR OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:

\$ _____

Plan Review Fee:

\$ _____

Permit Fee:

\$ _____

CC Fee:

\$ _____

Total Fee:

\$ _____

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**Electrical
Permit Application**

- Residential
- Commercial
- Alteration/Repair

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

LOT/ SUITE #:

PROJECT NAME:

Property Use:

Zoning District:
Map and Parcel:

Job Description: _____

Property Owner

Name:

Address:

State:
Zip:

Phone:

Email:

Trade Contractor

Name:

State License No.:

Address:

State:
Zip:

Phone:

Email:

SERVICE INFORMATION

VOLTAGE: _____ PHASE: _____ AMPS: _____

CONDUCTOR TYPE: _____

CONDUCTOR SIZE: _____

METHOD OF ENTERING BUILDING

ABOVE GROUND UNDERGROUND

CHECK IF APPLICABLE

TEMPORARY POWER POLE

POWER POLE

CHANGE OF SERVICE

CHANGE PANEL BOX

OTHER (EXPLAIN) _____

SERVICE PROVIDER: _____

NUMBER OF CIRCUITS: _____

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Signature of Licensed Cardholder or Applicant

Date:

FOR OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:

\$ _____

Plan Review Fee:

\$ _____

Permit Fee:

\$ _____

CC Fee:

\$ _____

Total Fee:

\$ _____

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**HVAC/Fuel Gas
Permit Application**

- Residential
- Commercial
- Alteration/Repair

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS: _____ **LOT/ SUITE #:** _____ **PROJECT NAME:** _____

Property Use:

Zoning District:
Map and Parcel:

Job Description: _____

**Property
Owner**

Name:

Address:

State:
Zip:

Phone:

Email:

**Trade
Contractor**

Name:

State License No.:

Address:

State:
Zip:

Phone:

Email:

Total Electric Total Gas Both Gas and Electric

Number of Tons: _____ Number of BTUs: _____

Heating and/or Cooling Units: _____

Supply and Return Drops: _____ Exhaust Fans: _____

Grease/Vent Hood: _____ Other: _____

Natural Gas L.P.G

FURNACE MBTU _____

FIREPLACE MBTU _____

OVEN/RANGE MBTU _____

DRYER MBTU _____

WATER HEATER MBTU _____

SERVICE PROVIDER: _____

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Signature of Licensed Cardholder or Applicant:

Date:

FOR OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:

Plan Review Fee:

Permit Fee:

CC Fee:

Total Fee:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____