



1401 W. HERBISON ROAD
DEWITT, MICHIGAN 48820

*** ON-SITE MOBILE HOME SET-UP PERMIT APPLICATION ***

DEWITT TOWNSHIP BUILDING DEPARTMENT

DIRECT NUMBER: (517) 668-0278

FAX NUMBER: (517) 669-6496

For Office Use Only: Permit Number: _____ Date Issued: _____

Applicant/Installer: _____ (____) _____ - _____
Name Phone Number

Applicant/Installer Address: _____ Number & Street City State Zip

Manufactured Home Community: _____ (____) _____ - _____
Community Name Phone Number

Site Address: _____ Number & Street City Phone Number

Brand Name of Manufactured Unit: _____ (____) _____ - _____
Mfrs. Phone Number

Date of Manufacture: _____ Manufacturer's Serial No.(s): _____

HUD Number(s) (if applicable): _____

Are Manufacturer's Installation Instructions provided? Yes No [If No is \checkmark , Yes must be \checkmark below]

Are Installation Instructions prepared by a Licensed Professional provided? Yes No

Licensed Professional: _____ (____) _____ - _____
Name Phone Number

Address of above: _____ Number & Street City State Zip Code

Type of Tie-downs that will be utilized: _____
Type & Brand Name

Note: Manufacturer's installation instructions & written certification of approval for use in the State of Michigan must be provided for the above which indicates soil types tested in and proper instructions For periodic maintenance.

For Office Use Only: [\checkmark if approved]	Applicant must supply the following Mfg./Eng.'s Req. for unit(s):
<input type="checkbox"/> Footings	No. of Footings Req. by Mfr. Or Eng. : _____ Size? _____ x _____
<input type="checkbox"/> Supports	No. of Supports Req./Unit: _____ Spacing Req.: _____
<input type="checkbox"/> Number of Tie-downs	No. of tie-downs Req./Unit: _____ Spacing Req.: _____
<input type="checkbox"/> Water Line – Frost Protection	Type of Water Line Protection? <input type="checkbox"/> Heat Tape <input type="checkbox"/> Other: _____
<input type="checkbox"/> Smoke Detectors	No. of Smoke Detectors Provided? _____
<input type="checkbox"/> Air Conditioning	Will Air Conditioning be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fire Extinguisher	No. of Fire Extinguishers provided? _____ <i>Note: Minimum of one req. & should be mounted.</i>
<input type="checkbox"/> Exterior Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Also Note: Skirting should not be installed before final inspection.</i>
<input type="checkbox"/> Are Other Permits Approved?	Other permits pulled? <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas

See page 2 for list of items to be submitted with this application.

The following *must* be submitted with an application for set-up of a manufactured home:

- A completed Application.**
- Two (2) copies of a site plan showing:**
 - a) The size of the unit.**
 - b) The distance to adjoining living units, storage units or other structures on the lot.**
 - c) The distance to internal and exterior roadways.**
 - d) The size, number and location of footings or foundations required for support.**
- Manufacturer's Installation Instructions or Installation Instructions prepared by a Licensed Professional.**
- The type of anchors that will be utilized & manufacturer's installation instructions, written certification of approval for use in the State of Michigan, the soils tested in and the proper instructions for periodic maintenance.**
- Type of skirting that will be installed and manufacturer's installation instructions.**

Note: In the absence of instructions, louvered or similar vents are required in the amount of 600 square inches of open space per 1,000 square feet of living space with a minimum of one vent at the front and rear of each unit and two in each exposed side. Removable panels of sufficient size are required to provide access to utilities and skirting material must be for exterior use and resistant to normal damage caused by exposure to the weather.