

Mobile Home Set Up Permit Application
City of Washington
405 Jefferson Street, Washington, Missouri 63090
636-390-1010

**APPLICATION MUST BE APPROVED PRIOR TO PLACEMENT OF HOME
OR COMMENCEMENT OF WORK**

Address: _____ Date: _____
Mobile home park: _____ Lot # _____ Lot size: ___ x ___
Property identification number: _____
Mobile home park owner name: _____
Address: _____

Daytime phone: _____ Cell phone: _____

Mobile home owner name: _____
Current address: _____

Daytime phone: _____ Cell phone: _____
Mobile home occupant: _____
Daytime phone: _____ Cell phone: _____

Mobile home manufacturer: _____ Year built: _____
Mobile home length: _____ Mobile home width: _____
ANSI 119.1 HUD ID number: _____ or a
copy of the manufactured home title/registration
Number of bedrooms: _____ Number of bathrooms: _____
Electric service size: _____ amps Panel type: _____ Number of breakers: _____
AmerenUE premise number: _____
Anchor system type and spacing: _____
Floodplain elevation certificate: _____
Proposed set up date: _____ Proposed completion date: _____

Transport contractor name: _____
Address: _____

Daytime phone: _____ Cell number: _____

Set up contractor name: _____
Address: _____

Daytime phone: _____ Cell number: _____

Applicant signature

Printed name

(Date: Jan, 2014)