



MANUFACTURED HOME PERMIT APPLICATION

BUILDING INSPECTION
 P.O. BOX 399
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 LAWRENCEVILLE, VA 23868
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PERMIT #

ASSOCIATED PERMIT #

ZONING PERMIT #

WORK DESCRIPTION	What type of work is to be performed? (Please Check): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		
	What type of property improvement will be made (Please Describe):		
ID	CONTRACTOR NAME:	VA STATE CONTRACTOR LICENSE #	
	CONTRACTOR'S ADDRESS:	PHONE NUMBER:	EXPIRATION DATE:
AGENTS	DEVELOPER NAME/ADDRESS (COMMERCIAL ONLY)	PHONE NUMBER:	LICENSE #
	MECHANICS LIEN AGENT-RESIDENTIAL SINGLE FAMILY ONLY	PHONE NUMBER:	LICENSE #
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):	PHONE NUMBER:	E-MAIL ADDRESS:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
JOB INFORMATION	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/ SUBDIVISION)	TAX MAP SECTION:	LOT:
	What is the estimated cost of STRUCTURAL WORK ONLY (materials and labor)? Do not include the cost of plumbing, mechanical, electrical or other auxiliary work in this estimate:	EST. COST OF CONSTRUCTION: \$	
WATER	Please Check the type of water supply to this property: <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> WELL		
	Please Check the type of disposal used by this property: <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC		

RESIDENTIAL ONLY

HOW MANY KITCHENS?
(SINK & 1 MAJOR APPLIANCE
= 1 KITCHEN):

OF NEW BEDROOMS:

ARE YOU APPLYING FOR AN ADDITION/DECK/PORCH TO A MANUFACTURED HOME?
YES NO If so, Engineered Drawings must be submitted in order to
show that construction is self-supporting.

STRUCTURAL

YEAR OF MANUFACTURED HOME _____

Triple Wide _____ x _____

Deck _____ x _____

Double Wide _____ x _____

Porch _____ x _____

Single Wide _____ x _____

TOTAL SQUARE FEET _____

Camper _____ x _____

Addition: _____

Office Trailer _____ x _____

TOTAL SQUARE FEET _____



PER SECTION 113.2 OF THE UNIFORM STATE WIDE BUILDING CODE, THE BUILDING OFFICIAL MAY CONDUCT A SITE INSPECTION PRIOR TO ISSUING A PERMIT.

APPLICANT

APPLICANT NAME (PLEASE PRINT):

REPRESENTING (NAME OF COMPANY):

APPLICANT SIGNATURE:

DATE:

OWNER AFFIDAVIT

**Complete this section only if you are an OWNER doing your own work,
and are not subject to licensure as a contractor or subcontractor.**

If you are an owner and intend to do the work or subcontract the work, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This Owner Affidavit must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with the Section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)

I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.

OWNER'S SIGNATURE:

DATE:

PLEASE PRINT OWNER NAME LEGIBLY:

I, as a WITNESS, saw the owner of this property affix his/her signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the state of Virginia.

WITNESS' SIGNATURE:

DATE:

PLEASE PRINT WITNESS' NAME LEGIBLY:

ATTACHMENTS:

HUD Required Installation Program Disclosure to Consumer (Must be signed by Property owner and submitted with application when Contractor is applying for permit)

MANUFACTURED HOME CERTIFICATION OF INSTALLATION

The manufactured home must be installed by a certified manufactured home installer and the attached Manufactured Home Certification of Installation must be submitted to the Building Official prior to issuance of a Certificate of Occupancy.