

MANUFACTURED HOME INSTALLATION

BLDG INSPECTORS: Mike Bembenek Lorelei Fuehrer PO Box 37 2400 Post Road Plover, WI 54467 715-345-5312	VILLAGE OF PLOVER PERMIT FOR <b style="color: red;">MANUFACTURED HOME INSTALLATION	Application No. Parcel No.
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Manufactured Home Owners Name:	Mailing Address:	Tel.
Manufactured Home Park Name:	Lic/Cert#:	Mailing Address:
Manufactured Home Installers Name:	Lic/Cert#:	Mailing Address:
Master Electricians Name:	Lic/Cert#:	Mailing Address:
Master Plumbers Name:	Lic/Cert#:	Mailing Address:
Manufactures Name:	Model:	Year Built:
		Serial #:

Building Address:	Lot No.	Block No.
Zoning District(s)	Zoning Permit No.	Setbacks:
		Front ft.
		Rear ft.
		Left ft.
		Right ft.

PROJECT DESCRIPTION

Home Width _____ Length _____

Minimum Permit Fees: Manufactured Home Installation \$25.00; Occupancy \$25.00; 3'x3' exit landings, steps & rails \$25.00; Plumbing \$25.00; Electrical \$25.00	PROJECT COST:
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I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, and the assessor permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

- EXIT LANDINGS GREATER THAN 3'X3' & ADDITIONS-SHEDS, CARPORT & GARAGES REQUIRE SEPARATE PERMITS.
- CODE COMPLIANT EXITS, PLUMBING & ELECTRICAL SHALL BE COMPLETED BEFORE OCCUPANCY.
- CALL FOR INSPECTIONS BEFORE SKIRTING.**
- CALL FOR INSPECTION BEFORE OCCUPANCY.**

ISSUING JURISDICTION	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location
	PLOVER	49 - 173

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion <input type="checkbox"/> Stairs/Landings		NAME _____
Inspection \$ _____			DATE _____ TELEPHONE NO: 345-5312
Wis. Permit Seal \$ _____			
Other \$ _____			
Total \$ _____			Cert. No. _____