

# MANUFACTURED (MOBILE) HOME

## County of Stafford

Department of Public Works  
PO Box 339  
1300 Courthouse Rd.  
Stafford, Virginia  
22555-0339  
(540) 658-8650  
www.co.stafford.va.us



RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

R/E TAXES CURRENT: \_\_\_\_\_

A/P: \_\_\_\_\_

### JOB LOCATION

STREET ADDRESS: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_ SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

### CURRENT OWNER INFORMATION

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUILDING CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTOR/ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

VIRGINIA CONTRACTORS LICENSE #: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE DESIGNATION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application

### APPLICANT INFORMATION

SAME AS CONTRACTOR  SAME AS OWNER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TOTAL VALUATION

DECLARED PROJECT VALUE \$ \_\_\_\_\_  
(Total contract value)

CALCULATED PROJECT VALUE \$ \_\_\_\_\_  
(Per ICC)

### DESCRIPTION OF WORK

USBC EDITION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GROSS SQUARE FOOTAGE

FIRST FLOOR: \_\_\_\_\_

DECKS: \_\_\_\_\_

PORCHES: \_\_\_\_\_

STOOPS: \_\_\_\_\_

OTHER: \_\_\_\_\_

TOTAL SQUARE FEET: \_\_\_\_\_

**MECHANICAL CONTRACTOR INFORMATION**

SAME AS OWNER

CONTRACTOR/ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

VIRGINIA CONTRACTORS LICENSE #: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE DESIGNATION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ESTIMATED VALUE OF WORK: \_\_\_\_\_

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**ELECTRICAL CONTRACTOR INFORMATION**

SAME AS OWNER

CONTRACTOR/ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

VIRGINIA CONTRACTORS LICENSE #: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE DESIGNATION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ESTIMATED VALUE OF WORK: \_\_\_\_\_

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

**PLUMBING CONTRACTOR INFORMATION**

SAME AS OWNER

CONTRACTOR/ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

VIRGINIA CONTRACTORS LICENSE #: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ LICENSE DESIGNATION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ESTIMATED VALUE OF WORK: \_\_\_\_\_

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

## PROJECT INFORMATION

Installation and assembly of manufactured homes are regulated by the Virginia Manufactured Home Safety Regulations (MHSR 2006) and the Code of Federal Regulations (CFR). Copies of these standards may be obtained at [www.stafford.va.us](http://www.stafford.va.us) or from the Stafford County Department of Public Works. In accordance with the above referenced standards, units manufactured prior to June 15, 1976 must have both design and installation certified by a Virginia registered design professional. All transportable sections of the manufactured home must bear a label in accordance with 24 CFR 3282.362. There are three options for installation standards of manufactured homes: 1) Installation in accordance with the manufacturer's installation instructions. 2) Installation in accordance with the MHSR and 24 CFR. or 3) Installation oversight and certification by a Virginia registered design professional and the Building Official.

### The proposed structure will be constructed in accordance with:

- Manufacturer's installation instructions
- MHSR (Manufactured Homes Safety Regulations) and 24 CFR (Title 24 of the Code of Federal Regulations)
- Oversight and engineering by a Virginia registered design professional.

Please identify the date indicated on the unit label: \_\_\_\_\_

Make: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Value: \$ \_\_\_\_\_

## TIME LIMITATION OF APPLICATION

### 2009 Virginia Uniform Statewide Building Code 108.8

An application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued, except that the building official is authorized to grant one or more extensions of time if a justifiable cause is demonstrated.

APPLICANT INITIALS: \_\_\_\_\_

## APPLICANT AGREEMENT

All information on this form is part of the application and must be complied with. I hereby certify that I have authority to make this application, that the information is complete and correct and that the work performed and equipment installed will conform to the Virginia Uniform Statewide Building Code and other applicable laws and regulations which relate to the property.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ISSUANCE OF PLANS OR APPROVED DOCUMENTS (COMPLETE AT PERMIT ISSUANCE)

I have received county approved plans or documents.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## OFFICE USE ONLY