



Ross County Building Department

SUITE 201 • 15 NORTH PAINT STREET

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DAVID DUCKWORTH, CBO

APPLICATION FOR MANUFACTURED HOME INSTALLATION

(SUBMIT ONE APPLICATION FOR EACH STRUCTURE)

PLEASE PRINT OR TYPE

PERMIT #: _____

- Manufactured Home Owner's Name: _____
 Owner's Current Address: _____ City/St/Zip: _____
 Phone#: _____
- Inspection reference used:
 Manufacturer's Installation Instructions Ohio Manufactured Home Installation Standard
 Registered Architect's OR Engineer's Drawings Designer's Name/Seal Number: _____
- A. General Information: New Install Relocate Size of MH: _____
 Used MH New MH Located in MH Park? Yes No
 B. Is this in an incorporated Village? YES NO
 C. Floodzone Y N
- Dealer (or Individual): _____
 Representative's Name: _____
 Street Address: _____ City/St/Zip: _____
 Telephone No.'s: _____ Email Address: _____
- Installer (s):
 Name: _____ License#: _____
 Responsibility: Footer Block Move Elec Set-up
 Street Address: _____ City/St/Zip: _____
 Phone#: _____
 Name: _____ License#: _____
 Responsibility: Footer Block Move Elec Set-up
 Street Address: _____ City/St/Zip: _____
 Phone#: _____
- Manufacturer: _____ Date of Manufacture: _____
 Street Address: _____ City/St/Zip: _____
 Serial#: _____ HUD#: _____
 Thermal Zone: _____
- Street Address of project: _____
 City/St/Zip: _____
 Land Owner's Name (if different than MH Owner): _____ County: _____

8. **FEES:**

Not in MH Park **\$575.00**
In MH Park **\$475.00**

A copy of your footer plan **MUST** be included with submission

CERTIFICATION: (OMHC 4781 Rules)

I certify that I am the _____ Owner _____ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Note: Fees do not include: re-inspection, or after-hours, weekends or holiday inspections.

MAKE CHECK PAYABLE TO:
ROSS COUNTY BUILDING DEPARTMENT