



**Binder's**  
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# PERMIT APPLICATION FOR MANUFACTURED HOME INSTALLATION

Rev. 10.22.2020

<b>SITE ADDRESS:</b>		<b>Lot No.</b>
<b>CITY:</b>	<b>ZIP CODE:</b>	<b>COUNTY:</b>
<b>NEAREST CROSSROADS/DIRECTIONS:</b>		
New Home <input type="checkbox"/> Used Home <input type="checkbox"/> Private Property <input type="checkbox"/> Manufactured Home Park <input type="checkbox"/> Park Name: _____		
ZONING DISTRICT APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <b>FLOOD PLAIN ZONE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>LAND OWNERS NAME:</b>		<b>TELEPHONE:</b>
<b>HOME OWNERS NAME:</b>		<b>TELEPHONE:</b>
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>APPLICANT :</b> (circle) – retailer, park manager, home/land owner, installer, or other _____		
<b>NAME:</b>		<b>ADDRESS:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>CELLULAR:</b>
E-MAIL ADDRESS:		
<b>FOUNDATION WORK:</b>	<b>NEW</b> <input type="checkbox"/> <b>EXISTING</b> <input type="checkbox"/>	<b>INSTALLER'S LICENSE NO.</b>
<b>NAME:</b>		<b>ADDRESS:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>CELLULAR:</b>
E-MAIL ADDRESS:		
<b>SET CREW WORK:</b>	<b>INSTALLER'S LICENSE NO.</b>	
<b>NAME:</b>		<b>ADDRESS:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>CELLULAR:</b>
E-MAIL ADDRESS:		
<b>ELECTRICAL SERVICE PROVIDER:</b>	<b>ELECTRICAL ORDER NUMBER:</b>	<b>FAX NUMBER:</b>
Service on: <input type="checkbox"/> HOME <input type="checkbox"/> POLE Service size: <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp		
<b>INSTALLERS LICENSE OR ELECTRICAL CONTRACTOR LICENSE #.</b>		
<b>NAME:</b>		<b>ADDRESS:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>CELLULAR:</b>
E-MAIL ADDRESS:		
<b>PLUMBING:</b>	<b>INSTALLER'S LICENSE NO.</b>	
<b>NAME:</b>		<b>ADDRESS:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>CELLULAR:</b>
E-MAIL ADDRESS:		
<b>GAS:</b>	<b>INSTALLER'S LICENSE NO.</b>	
<b>NAME:</b>		<b>ADDRESS:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>CELLULAR:</b>
EMAIL ADDRESS:		

**MANUFACTURED HOME DESIGN CRITERIA**

<input type="checkbox"/>	Home Dimensions _____ x _____	Frame Size _____	
<input type="checkbox"/>	Basement Dimensions _____ x _____		<input type="checkbox"/> Manufacturer's Foundation Drawing with Footing Location and Sizes Indicated on the Drawing
<input type="checkbox"/>	Crawl Space Dimensions _____ x _____		OR
<input type="checkbox"/>	Footer Dimensions _____ x _____		Manufacturer's Foundation Drawing with Footing Locations only and Footing Size Indicated by providing a Copy from the Installation Manual of the Appropriate Sizing Tables with the Size of the Footings Indicated
<input type="checkbox"/>	Block (max 3 courses, reinforced & grouted)		
<input type="checkbox"/>	Block ACI 318, BIA Eng. Brick Masonry		
<input type="checkbox"/>	Block NCMA TR-68A ACI/ASCE 530		<input type="checkbox"/> OHIO Design Professional 's Drawing with Footing Locations and Sizes Indicated. Ohio Architect's and Professional Engineer's may design slabs, runners, etc
<input type="checkbox"/>	Poured Concrete (8" wide with footer)		
<input type="checkbox"/>	Poured Concrete (12" wide without footer)		
<input type="checkbox"/>	Anchor System Type: _____		<input type="checkbox"/> Foundation Drawing to Scale with Footing Locations And Footing Size Indicated by providing a Copy from The Ohio Installation Standards OAC4781 with the of the Appropriate Sizing Tables with the Size of the Footings Indicated
<input type="checkbox"/>	TRANSVERSE I-Beam Foundation		
<input type="checkbox"/>	Perimeter Load-Bearing Wall Foundation		
<input type="checkbox"/>	ABS pads		
<input type="checkbox"/>	Slab or Runner Foundation		
<input type="checkbox"/>	Soil bearing capacity: _____ per square feet.		
<input type="checkbox"/>	Tested by: _____ Date: _____		

**MANUFACTURER:** (possible verification at later date)

<b>Name:</b> _____ <b>Year:</b> _____ <b>Serial No.</b> _____ -	HUD No.(s) _____
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**CERTIFICATION (Read all sections carefully before signing, and attach any drawings and/or supporting documents)**

***ALL PERMITS SHALL EXPIRE 180 DAYS FROM THE DATE OF ISSUE. 180 DAY EXTENTIONS MAY BE GRANTED IF REQUESTED IN WRITING AND JUSTIFIABLE CAUSE DEMONSTRATED.***

I FULLY UNDERSTAND THAT NO EXCAVATION, INSTALLATION, ELECTRICAL OR MECHANICAL INSTALLATION, OR ALTERATION OF THIS MANUFACTURED HOME, OR PART THERE OF SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE AUTHORITY HAVING JURISDICTION. I FURTHER UNDERSTAND THAT NO PERSON, FIRM OR CORPORATION SHALL INSTALL, OCCUPY, OR PERMIT OCCUPANCY OF THE ABOVE IN CONFLICT WITH OR IN VIOLATION WITH CHAPTER 4781 OF THE ODOC RULES.

***I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the ODOC certified inspector and ESI shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the ODOC Rule(s) applicable to such permit.***

Governmental agencies, other than ODOC and utility companies have rules and policies regulating the placement of utility service lines in relation to the home. The issuance of permits and the performance of inspection do not constitute the placement of utility lines under such rules and policies. It is the sole responsibility of the owner and the owner's agent to determine and comply with applicable rules and policies of other governmental agencies and utility companies. For information, contact the appropriate utility company.

Customer is responsible to obtain any additional permits from the city, township, and/or county for the installation of manufactured home.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.**

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
<b>PRINT NAME:</b>	