



HUD MANUFACTURED HOME PERMIT APPLICATION AND DOCUMENT SUBMITTAL CHECKLIST

Applicant name: _____ Date: _____

Address (Location of Home): _____

Contact Phone # _____ EMAIL: _____ Contact FAX # _____

Please use this checklist to aid in preparing a complete manufactured home permit application package. Most permit processing delays are the result of incomplete or inadequate permit submittal information. Please check off each line as you identify that your submittal contains the required information. Ask the Permit Technician if you need supplemental information to assist you with preparing required documents.

NOTE: Remodeling, additions or modifications to a HUD labeled manufactured homes are not allowed. Proof that the home has not been modified may be requested by the City.

NOTE: All installations, must meet all current zoning requirements.

The City of Weatherford has adopted the following codes on 1-14-2014 (Ordinance 660-2014-05):

- 2009 International Residential Code 2009 International Plumbing Code 2009 Energy Efficiency Code
- 2009 International Mechanical Code 2012 TAS- Accessibility Standards 2008 National Electrical Code
- 2009 International Fire Code 2011 NFPA 58 Liquefied Petroleum Gas 2009 NFPA 54 Fuel Gas Code
- 2009 International Fuel Gas Code NCTCOG/City of Weatherford Amendments Weatherford Municipal Code

IF YOUR PERMIT DOCUMENTS ARE NOT COMPLETE YOUR SUBMITTAL WILL NOT BE ACCEPTED.

IF YOU START WORKING PRIOR TO HAVING AN APPROVED PERMIT ON THE HOME YOU WILL BE ISSUED A WRITTEN WARNING NOTICE AND COULD BE SUBJECT TO A PENALTY OF UP TO \$500 PER DAY

(WMC SEC. 1-3-1, Ord. No. 87-6, 9-22-87)

CHECK OFF SECTIONS

PLEASE FULLY COMPLETE AND SUBMIT THE FOLLOWING:

	City	Applicant	
	✓	✓	
NEW OR USED MANUFACTURED HOME INSTALLATION			
A			Project Information Sheet (page 1 & 2)
B			Two (2) complete full size sets of deck/stair construction drawings (min. 11" x 17 ") (Decks, landings and stairs at entries must be permanently installed with foundations)
C			Two (2) copies of proposed site/space plan – (prefer 8 1/2"x 11") Show space dimensions with distances between all structures. Show parking dimensions
			Two (2) copies of proposed blocking and tied down requirements from manufacturer or drawing per 10 Texas Administrative Code, Chapter 80
			Copy of installers registration information license and insurance security bond
			Copy of TXDOT move permit with hauler information
H			One (1) Completed Contractor Acknowledgement Form (Include all contractor disciplines)
REMODELING OR ADDITIONS ARE NOT ALLOWED			
HUD homes that have been modified cannot be located in the city.			

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law, ordinance, or regulation. **The issuance of a permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.**

APPLICANT SIGNATURE: _____ DATE: _____



**HUD MANUFACTURED HOME
APPLICATION AND DOCUMENT SUBMITTAL CHECKLIST
PROJECT INFORMATION SHEET**



This information is requested to help the City review your manufactured home permit submittal package. By providing all information requested you will be helping us cut down the time spent researching your projects information and thus will help expedite your own permit approval.

Office ✓	Applicant ✓	ANSWER ALL QUESTIONS (Please Print Clearly)	
		Who are you?	LAND OWNER <input type="checkbox"/> INSTALLER <input type="checkbox"/> AGENT <input type="checkbox"/> (Owner or Installer must sign permit)
		What is your name?	_____ FIRST _____ LAST _____
		Who is the owner of the manufactured home?	Name: _____ FIRST _____ LAST _____ Address: _____ NUMBER _____ STREET _____ CITY _____ ZIP _____ Phone # _____
		Who is the owner of the property?	Name: _____ FIRST _____ LAST _____ Company: _____ Address: _____ NUMBER _____ STREET _____ CITY _____ ZIP _____ Phone # _____ Fax# _____ Cell # _____ Email: _____
		Who is the Licensed Installer?	Name: _____ FIRST _____ LAST _____ Company: _____ License Number MHDINS _____ NOTE: Provide Copy of License and Security Bond for City Registration Address: _____ NUMBER _____ STREET _____ CITY _____ ZIP _____ Phone # _____ Fax# _____ Cell # _____ Email: _____

MANUFACTURED HOME QUESTIONS	ANSWERS
Who is the manufacturer of the home?	
What is the model of the home?	
Is this a New or Used home?	New <input type="checkbox"/> Used <input type="checkbox"/>
What year was the home manufactured?	
What is the Housing and Urban Development label number of the home? Located on the end of home.	_____
How many sections are there to this home?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
What will be the overall dimensions of this home?	Width ____x Length ____
What will be the square footage of all open or covered decks? <i>(not including the entry steps and landing)</i>	_____ Sq.ft
Number of parking spaces?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Parking spaces are on? Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> or →	Other <input type="checkbox"/> _____
How many bedrooms ?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
How many bathrooms ?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
REMODEL or ADDITION QUESTIONS	
Has this home been remodeled, altered or modified since it was originally sold?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes cannot be installed
UTILITY QUESTIONS	
Are you on public water or a private well?	<input type="checkbox"/> Public <input type="checkbox"/> Private
Are all of your utilities electric?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will supply your electricity?	<input type="checkbox"/> WE <input type="checkbox"/> TXU <input type="checkbox"/> ONCOR <input type="checkbox"/> TRI-COUNTY
Are you going to need a new gas meter? <i>(Contact Texas Gas)</i> NOTE: A gas test will be required	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of sewage disposal do you have?	<input type="checkbox"/> Public <input type="checkbox"/> Private



PERMIT APPLICATION
PLANS SUBMITTAL CHECKLIST
CONTRACTOR ACKNOWLEDGEMENTS



***ONLY individual contractors MUST COMPLETE AND SIGN this form
If your State License or COI (Certificate of Insurance) is expired the permit you are working
will be invalid and will not be issued or may be cancelled by the Building Official.***

Construction address: _____

Building Contractor: _____

MASTER ELECTRICIAN'S STATEMENT

OFFICE USE ONLY - CONFIRMED ON ____/____/____

I, _____, do acknowledge that **I will be doing the electrical work** for the
(print name)
construction at the above stated address. I further acknowledge that the above stated contractor will be
obtaining the electric permit for this project.

(date) (signature) License # Exp. date Cert. of Insurance exp. date

(Company name, address & phone number)

MASTER PLUMBER'S STATEMENT

OFFICE USE ONLY - CONFIRMED ON ____/____/____

I, _____, do acknowledge that **I will be doing the plumbing work** for the
(print name)
construction at the above stated address. I further acknowledge that the above stated contractor will be
obtaining the plumbing permit for this project.

(date) (signature) License # Exp. date Cert. of Insurance exp. date

(company name, address & phone number)

MECHANICAL/HVAC STATEMENT

OFFICE USE ONLY - CONFIRMED ON ____/____/____

I, _____, do acknowledge that **I will be doing the mechanical/HVAC work**
(print name)
for the construction at the above stated address. I further acknowledge that the above stated contractor will
be obtaining the mechanical permit for this project.

(date) (signature) License # Exp. date Cert. of Insurance exp. date

(company name, address & phone number)