

Franklin County Planning and Zoning
141 Athens St. / P.O. Box 159
Carnesville, GA 30521

Manufactured Home Permit Application Checklist

The following list of documentation is required before a permit will be issued for residential construction. Incomplete forms will not be processed and will delay permit issuance. Please return this form with all permit application submittals.

- _____ 1. Verification of Pre-Owned Manufactured Home Inspection Passed (If Applicable)
- _____ 2. Recorded Plat & Deed
- _____ 3. Septic permit (if applicable)
- _____ 4. Verification of 911 Addressing
- _____ 5. Completed building application
- _____ 6. Scaled site plan detailing project location, location of other structures on property
- _____ 7. Installer's licensing documentation (state, business)
- _____ 8. Number of Acres Disturbed: _____
- _____ *If over 1 acre, a Notice of Intent (NOI) must be obtained from GA EPD and included with application. NOI's can be obtained via GA EPD GEOS at:
<https://geos.epd.georgia.gov/GA/GEOS/Public/GovEnt/Shared/Pages/Main/Login.aspx>
- _____ 9. Copy of GSWCC Level 1A certification (Blue Card)
- _____ 10. Completed electrical subcontractor trade permit
- _____ 11. Electrical subcontractor licensing documentation (state & business)
- _____ 12. Additional Trade permits and license documentation if applicable (plumbing, HVAC)
- _____ 13. Is your land in conservation use [] Yes [] No: **If Yes please contact the tax assessors office**

Signature _____

Project Address: _____

Applicant Name: _____

Received by: _____

Date: _____

Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521				Manufactured Home Permit Application	
<input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Alteration/ Addition		Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____			
JOB SITE ADDRESS:					
Acreage of site:		Map and Parcel #:		Zoning Class:	
Description of Work : _____ _____					
Property Owner		Name:		Phone:	
		Address:		Email:	
General Contractor		Name:		GA License #:	
		Address:		Phone:	
				Email:	
Serial #: _____ Model #: _____ Year: _____		Manufacturer: _____ Length: _____ Width: _____ #Bedrooms _____ #Bathrooms _____		Heated Sq. Ft.: _____ Unheated Sq.Ft.: _____	
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.					
Signature of Applicant :				Date:	
FOR OFFICE USE ONLY			Code Official Signature:		
Construction Type:			Occupancy:	LDP Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Sq. Footage	Valuation Multiplier	Valuation \$		
Heated					
Unheated					
TOTAL					
Administrative Fee:	Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521			Electrical Permit Application	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/Repair		Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____		
JOB SITE ADDRESS: _____ PROJECT NAME: _____ Parcel #: _____				
Property Use:			Zoning Class.:	
Job Description: _____ _____				
Property Owner	Name: _____			
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
Trade Contractor	Name: _____		State License No.: _____	
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
SERVICE INFORMATION VOLTAGE: _____ PHASE: _____ AMPS: _____ CONDUCTOR TYPE: _____ CONDUCTOR SIZE: _____ METHOD OF ENTERING BUILDING <div style="display: flex; justify-content: space-around;"> [] ABOVE GROUND [] UNDERGROUND </div>			CHECK IF APPLICABLE <div style="margin-bottom: 10px;">[] TEMPORARY POWER POLE</div> <div style="margin-bottom: 10px;">[] POWER POLE</div> <div style="margin-bottom: 10px;">[] CHANGE OF SERVICE</div> <div style="margin-bottom: 10px;">[] CHANGE PANEL BOX</div> <div>[] OTHER (EXPLAIN) _____</div>	
SERVICE PROVIDER: _____			NUMBER OF CIRCUITS: _____	
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.				
Signature of Licensed Cardholder: _____			Date: _____	
FOR OFFICE USE ONLY			Accepted by: _____	
Construction Type: _____			Occupancy: _____	
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____