Manufactured Home Permit

Planning and Development
4303 Lawrenceville Rd.
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Email: planning@loganville-ga.gov

Permit: # _____ Date: _____

Applicant Name: _____ Phone: _____

Loganville Address: _____ Map/Parcel #: _____

If used, Previous Address: _____ City/State: _____ Zip: _____

Manufacture: _____ Serial #: _____Model: _____ Year: _____

Estimated Value: _____ • Size: _____x_____ = _____ sq. ft.

Roofing Materials: _____ • Siding Materials: _____

Porch/Deck: _____x_____ = _____ sq. ft. • Underpinning Material: _____

Fireplace: ☐ Yes ☐ No

Please describe any existing building(s) on property: _____

_____

PERMITS WILL NOT BE ISSUED WITHOUT:

☐ **1.) SERIAL NUMBER**

☐ **2.) PROOF THAT PREVIOUS TAXES HAVE BEEN PAID**

☐ **3.) COPY OF BILL OF SALE OR TITLE**

COUNTY APPROVAL MUST BE PRESENT TO SUBMIT PERMIT APPLICATION

☐ **COUNTY APPROVAL**_____

APPLICATION IS MADE ACCORDING TO THE LAWS AND ORDINANCES OF THE CITY OF LOGANVILLE FOR A PERMIT TO ERECT, ALTER AND USE AS DESCRIBED HEREIN.

Building Permit	$_____	Check #	_____
Electrical Permit	$_____	Receipt #	_____
Total Paid	$_____	Payment Received By:	_____

_____
Director, Planning & Development