



UPSON COUNTY BUILDING AND ZONING DEPARTMENT  
DRAKE BUILDING  
305 SOUTH HIGHTOWER STREET, SUITE D-100  
THOMASTON, GA 30286-4170  
(706)647-1297 FAX (706)647-2693

UPSON COUNTY MANUFACTURED HOUSING PERMIT APPLICATION

Applicant: \_\_\_\_\_ Owner of M/H: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

PROPERTY RECORDED WITH CLERK OF SUPERIOR COURT OF UPSON COUNTY:

DEED BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_ (NEED COPY OF DEED AND PLAT)

PARCEL SIZE: \_\_\_\_\_ MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

HEALTH DEPARTMENT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ TAX COMMISSIONERS' REPORT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

M/H Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number \_\_\_\_\_ Model Number \_\_\_\_\_

Year of Manufacture \_\_\_\_\_ Size of M/H: Length: \_\_\_\_\_ Width: \_\_\_\_\_

VALUATION \$ \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

H.U.D. Identification Numbers \_\_\_\_\_ - \_\_\_\_\_

Dealer \_\_\_\_\_ Address \_\_\_\_\_

Georgia State License # \_\_\_\_\_ Phone Number \_\_\_\_\_

Installer \_\_\_\_\_ Address \_\_\_\_\_

Georgia State License # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Occ. Tax. Certificate# \_\_\_\_\_

Electrician's State License # \_\_\_\_\_ Occ. Tax. Certificate# \_\_\_\_\_

Zoning: \_\_\_\_\_ Setbacks: front \_\_\_\_\_ rear \_\_\_\_\_ side \_\_\_\_\_

Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_ Power Company Provider: \_\_\_\_\_

It is unlawful to occupy this or any manufactured home without a Certificate of Occupancy!

I HEREBY CERTIFY UNDER PENALTIES OF PERJURY, THAT THE FOREGOING STATEMENT AND THOSE CONTAINED IN ANY ATTACHED SHEETS SIGNED BY ME ARE TRUE AND CORRECT.

\_\_\_\_\_/\_\_\_\_\_  
Date Owner of M/H, or Agent, or Dealer

Approved: \_\_\_\_\_/\_\_\_\_\_  
Date Thomas E. Keyt, C.B.O