



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