

FRANKLIN COUNTY MANUFACTURED HOME PERMIT CHECKLIST

September 2014

Please complete the entire application package, including:

- Permit Application**
- Home Meets Building Setback Requirements**
- Septic Tank Permit** – Obtain at Franklin County Health Department (706-384-5575) **prior** to applying for permit.
- Plat of Property**
 - Indicate on plat the size and location of the manufactured home on property showing distance from property lines
 - Location of any existing structures on property
- Physical Address of the Property**
 - If there is not an existing physical address, application may be made at the Board of Commissioners Office, 141 Athens Street, (706-384-2483). The Address Application fee is \$25.00.
- Inspection Report (Pre-Owned Manufactured Home Only)**
 - An inspection report from a Qualified Inspector stating that the home meets the Minimum Health and Safety Standards.
- Fees** – Permit Application Fee of \$100.00.

FOR OFFICE USE ONLY	<input type="checkbox"/> Approved for Permit	By:	Date:
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Relocation Permit

No person shall move a manufactured home within Franklin County without first obtaining a RELOCATION PERMIT from the Tax Commissioner.

Provide to the Tax Commissioner:

- **Manufactured Home Permit**
- **Proof that all state and county taxes theretofore accruing and payable with respect to the manufactured home have been paid**

MANUFACTURED HOME PERMIT APPLICATION

Franklin County Planning & Zoning Department
141 Athens Street
P.O. Box 159
Carnesville, GA 30521

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Phone # _____

Address: _____ City/State/Zip: _____

SITE INFORMATION

Property Owner: _____ Phone # _____

Physical Address: _____

City/State/Zip: _____

Zoning of Parcel: AG AI AR AB RS RM CC CG CI EC

IS YOUR LAND IN CONSERVATION USE? YES NO (IF SO, PLEASE CONTACT THE TAX ASSESSORS)

Current use of property: Vacant Residential Agricultural Other

Are there any other structures on the property? Yes No

Electric Service Provider: Hart EMC Georgia Power

Water Supply: City County Individual Well Community Well N/A

MANUFACTURED HOME INFORMATION

Manufacturer: _____ Model: _____ Year model: _____

Width: _____ and Length: _____ of manufactured home.

SIGNATURE

This application is true and complete to the best of my knowledge and the proposed installation meets all codes and ordinances of Franklin County. No manufactured home shall be moved within Franklin County without first obtaining a relocation permit from the Tax Commissioner. The Applicant shall arrange for an initial inspection by the County Marshal once the installation is complete. Permanent connection to utilities shall not be approved nor shall the home be occupied until the home has passed the initial inspection. Within 30 days of the initial inspection, a final inspection will be conducted to verify that the required skirting, steps, landings, handrail, and guardrails are properly installed. IF THE HOME IS NOT APPROVED WITHIN 90 DAYS OF THE DATE OF THIS PERMIT, THIS PERMIT SHALL BE REVOKED AND THE APPLICANT SHALL BE ORDERED TO APPEAR BEFORE THE MAGISTRATE JUDGE. OWNERS THAT ARE FOUND TO NOT BE IN COMPLIANCE SHALL BE REQUIRED TO REMOVE THE HOME FROM FRANKLIN COUNTY AT THEIR EXPENSE.

Applicant Name: _____

Date: _____

Applicant Signature: _____