

MANUFACTURED HOME INSTALLATION

APPLICATION

Building Department
102 West Main Street
Prattville, AL 36067
334.595.0400 FAX 334.361.3677
building@prattvilleal.gov



LOCATION Address: _____
Lot: _____ Block: _____ Subdivision: _____ Zoning District: _____

Make & Model of Manufactured Home: _____

NOTE: HOMEOWNER CAN PERFORM PLUMBING & ELECTRICAL. IF MANUFACTURED HOME IS NEW, INSTALLER CAN PERFORM HVAC. IF NOT NEW, HVAC MUST BE PERFORMED BY LICENSED HVAC COMPANY.

Manufactured Home Installer: _____

Address: _____ Phone Number: _____

City of Prattville Business License #: _____ State Manufactured Housing License #: _____

Plumbing/Gas Contractor: _____

Address: _____ Phone Number: _____

City of Prattville Business License #: _____ State Plumbing/Gas License #: _____

Electrical Contractor: _____

Address: _____ Phone Number: _____

City of Prattville Business License #: _____ State Electrical License #: _____

Heating and Air Contractor: _____

Address: _____ Phone Number: _____

City of Prattville Business License #: _____ State HVAC License #: _____

OWNER/OCCUPANT NAME: _____ Phone: _____

Address: _____

ATTACHMENTS (Check if included): Variance Elevation Certificate

Prattville manufactured home permits are issued subject to compliance with all requirements of the building code and all pertinent laws and ordinances of the City of Prattville regulating the use of structures and the work authorized by permit. Otherwise, permits shall become void and the party liable to such penalties as may be provided for violation of said ordinances.

No inspections will be performed nor utilities released unless all contractors are licensed and all requirements of the National Flood Insurance Program have been complied.

Permits shall be kept at approved location of work.

I swear, under penalty of perjury, that I have read this document and state that the information is correct. I agree to comply with all local ordinances and state laws dealing with the placement of manufactured homes, and hereby authorize representatives of the City of Prattville to enter upon the above mentioned property for inspection purposes.

Applicant Signature

Date

For Departmental Use Only

Date Received:	Time Received:	Received By:
Permit Issued By:	Date:	Variance Required:

ZONING REVIEW (date): _____ Reviewer: _____ Passed Failed

Zoning District: _____ Variance Requested: Yes Date Granted: _____

Variance Conditions: _____

Required Front Yard: _____
Required Rear Yard: _____
Side Yards: _____

Flood Prevention: Special Flood Hazard Area Yes No

Floodplain Development Permit Application Attached

Pre-construction Elev. Certificate Attached

Base Flood Elevation: _____

Notes: _____

