



Planning and Development
4303 Lawrenceville Rd.
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

Manufactured Home Permit

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

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