



Manufactured Home Permit

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

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

COUNTY APPROVAL MUST BE PRESENT TO SUBMIT PERMIT APPLICATION

COUNTY APPROVAL _____

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