**SITE PREPARATION AND PLACEMENT OF NEW/USED MANUFACTURED HOMES**

**Print the requested information in the space below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Purposed Setbacks: Front:** | | | **Right Side: Left Side:** | | | **Rear:** | |
| Name of Owner(s): | | |  | | | | |
| Property Street Address: | | |  | | | | |
| Property Section & Lot Number: | | |  | | | | |
| Owner’s Mailing Address: | | |  | | | | |
| Owner’s Phone Number: | | |  | | | | |
| Owner’s Email Addresses: | | |  | | | | |
| Licensed Installer Name: | | |  | | | | |
| Licensed Installers Email Address & Phone #: | | |  | | | | |
| Year, Make, Model & Serial Number | | |  | | | | |
| **Type of Skirting/Foundation: Brick** \_\_ Vinyl\_\_ Other\_\_ | | | Are pins marked?  Yes: \_\_\_ No: \_\_\_ | | | Type of Driveway | |
| **STRUCTURE TOTAL SQ FOOTAGE** \_\_\_\_\_\_\_  Width \_\_\_\_\_\_ Length \_\_\_\_\_\_\_ Height\_\_\_\_\_ | | | # bedrooms **\_\_\_\_**  # bathrooms **\_\_\_\_** | | | **VIN:** | |
| **SCOPE OF PERMIT: *Check boxes that apply to this permit.***  \_\_\_\_\_ Grading/Clearing/Drainage \_\_\_\_\_Manufactured Home Placement  Additional information: | | | | | | | |
| **REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION `** | | | | **FEES (*Due at time of permit issuance*)** | | | |
| \_\_\_ 1 copy of plat or current survey | | | | \_\_\_ $50 Administrative fee | | | |
| \_\_\_ 1 copy Site Plan with Drainage Plan | | | | \_\_\_ $1,000 Impact Fee (Non-refundable) | | | |
| \_\_\_ Architectural Drawings or Floorplan | | | | \_\_\_ $1,000 Owner’s Compliance Deposit (Refundable)\* | | | |
| \_\_\_ Photos of all 4 sides | | | | **\**Excessive damage to the road could result in deposit not being refunded*.** | | | |
| \_\_\_ Installers License or Registration | | | |  | | | |
| **CERTIFICATION:** I/We hereby certify that all statements contained here are correct and that all construction will abide by following the rules and regulations of the Oconee County building codes, Foxwood Hills ACC Guidelines, and the Foxwood Hills restrictions & covenants and Bylaws. | | | | | | | |
| **OWNER’S SIGNATURE** |  | | | | | **DATE:** | |
| **CONTRACTOR’S SIGNATURE:** |  | | | | | **DATE:** | |
| **FOR COMMITTEE USE ONLY** | | | | | | | |
| **DATE APPLICATION RECEIVED** | |  | | | **REVIEW DATES** | |  |
|  | |  | | | **FINAL APPROVAL DATE** | |  |
|  | |  | | | **ACC Chair’s Signature** | |  |
| **Issue Date: \_\_\_\_\_\_\_ Amount Received: \_\_\_\_\_\_\_\_ Payment Type: \_\_\_\_\_\_\_\_\_**  **Completion Date: \_\_\_\_\_\_**  **Comments:** | | | | | | | |