3 West Main St, Mascoutah, IL 62258
(618) 566-2964 ext. 503
permits@mascoutah.com

ZONING APPLICATION FOR MOBILE HOME PLACEMENT PERMIT

*****Office Use Only*****

Approved_____Denied_____
Permanent Parcel No._____
Building Permit Application No._____
Date: _____
Fee Received: $_____

1. APPLICANT AND OWNER

Name of Applicant _____ Phone No. _____
Address of Applicant _____
Email Address _____

Name of Owner _____ Phone No. _____
Address of Owner _____
Email Address _____

2. PROPOSED SITE PLACEMENT AND DESCRIPTION

Park Name (if applicable) _____ Lot No. _____

Zoning District _____

3. MANUFACTURED HOME SPECIFICATIONS

Brand _____ Year _____ Model _____VIN No. _____

Manufactured Home Type: ( ) Single ( ) Double ( ) Other _____

Cost of Unit _____ Length _____ Width _____ Square Feet _____ No. of Rooms _____

**Consideration will only include manufactured homes not older than seven (7) years of age as evidenced by its date of construction.*

4. Installation Contractor

Name _____ Phone No. _____Email _____

5. SUBMITAL REQUIREMENTS

One copy of a sketch drawn to scale shall be attached showing the following:

a. Dimensions and use of all proposed or existing buildings and structures;
b. Dimensions of lot;
c. Distance from each building/structure to lot lines;
d. Distance from proposed or existing building to principal building on adjacent lots;
e. Distance between accessory building(s) and principal building;
f. Distance from lot line to center line of abutting street(s);
g. Location [with dimensions] of driveways and a minimum of two (2) off-street parking spaces;
h. Location of all easements;
i. Location of all underground utilities, tile fields, and wells.

6. According to ordinance 885 (Location of Property Pins), if proper lot identification is absent, the building official reserves the right to require a “Plat of Survey” to verify set-back lines for structure placement.

7. Application is herby made for a zoning permit as required City Code for the moving and placement of mobile homes. In making this application, the applicant represents all of the above statements and the attached site plan and sketches to be a true description of the proposed placement of the mobile home. The applicant agrees that the permit applied for, if granted, is issues on the representations made herein, and that any permit issued may be revoked without notice on any breach of representations or conditions.

8. Application inspection fees are in addition to the permit fee. The permit fee to locate or relocate a mobile home or immobilized mobile home is $500.00.

I understand that, in accordance with the Illinois Mobile Home Tiedown Act (210 ILCS 120), the mobile home must be installed and secured with approved tiedown equipment prior to occupancy. I acknowledge that I am responsible for complying with all applicable State and local requirements.

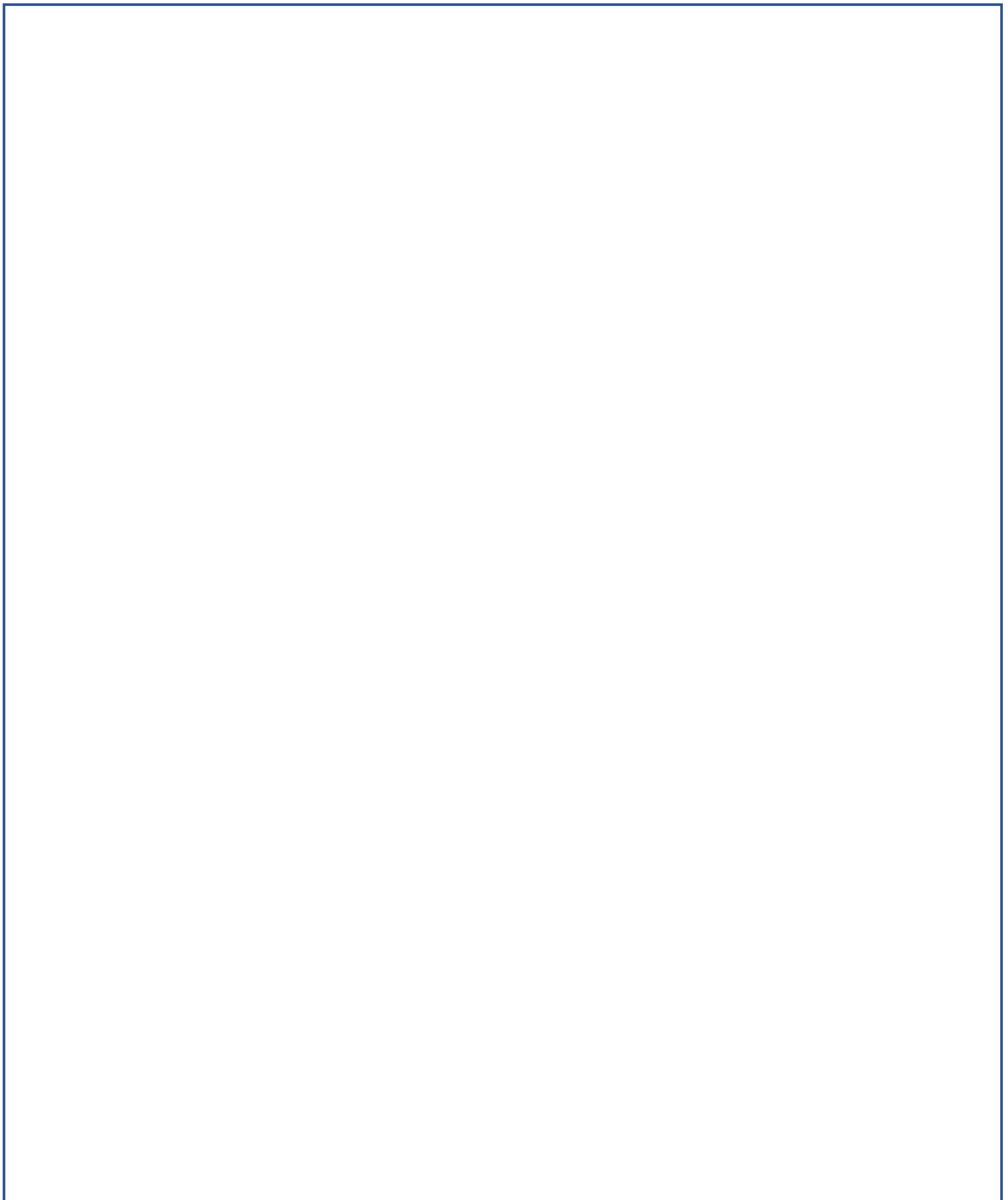
It is understood that any permit issued on this application will not grant right or privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the City Code, or by other ordinances, codes, or regulations of the City. Changes in plans or specifications shall not be made without the permission of the code official.

APPLICANT: _____ DATE: _____

A CERTIFICATE OF OCCUPANY MUST BE APPLIED FOR AND OBTAINED AT CITY HALL PRIOR TO OCCUPIING THE MOBILE HOME.

Failure to comply with the above shall constitute a violation of the provisions of the **Revised Code of Ordinances of the City**.

Site Plan



City of Mascoutah
3 West Main Street
Mascoutah, IL 62258
(618) 566-2964 x502
www.mascoutah.org

APPLICATION FOR NEW-RESIDENTIAL ELECTRIC SERVICE

CUSTOMER (Party to be Billed)	Customer/Company Name: _____ Billing Address: _____ City: _____ State: _____ Zip Code _____ Phone: _____ Email: _____
NEW HOME ADDRESS	Service Address: _____ Subdivision: _____ Lot #: _____
SERVICE TO	☐ Single Occupancy ☐ Multiple Occupancy Square Footage (Required): _____
SERVICE ENTRANCE	Size: ☐ 100 amp ☐ 200 amp ☐ 400 amp ☐ Other Entrance Type: ☐ Overhead ☐ Underground
HEAT SOURCE	Electric Heat: ☐ Yes ☐ No (If yes, indicate type below. If no, go to "Other Heating Types") ☐ Baseboard _____ kW ☐ Electric Furnace _____ kW ☐ Heat Pump _____ ton unit and _____ kW auxiliary ☐ Geothermal Heat Pump _____ ton unit and _____ kW auxiliary Other Heating Types: ☐ Natural Gas ☐ Bottled Gas ☐ Oil ☐ Coal ☐ Other ☐ Furnace ☐ Boiler ☐ Baseboard
PLEASE MARK IF ANY OF THE FOLLOWING APPLY	☐ Electric Water Heater ☐ Electric Air Conditioning _____ ton unit or size in BTUs ☐ Heat Pump _____ ton unit or size in BTUs
SIGNATURE	Submitted By Signature (Required): _____ Print Name: _____

Please contact the Utility Billing Office when you are ready for service. (618) 566-2964 ext. 502