City of Cut and Shoot

Phone: (936) 264-3100
Fax: (936) 264-3114

14391 HWY 105
Conroe, TX 77306

Website: www.cutandshoot.org

Manufactured Home Permit Application

Building Permit Number: _____ Valuation: _____

Project Address: _____ Zoning: _____

Lot: _____ Block: _____ Subdivision: _____

Project Description: NEW SFR ☐ MANUFACTURED HOME ☐ **APPROVED LOCATION? _____

PLUMBING ☐ MECHANICAL ☐ ELECTRICAL ☐

FENCE ☐ ACCESSORY BUILDING ☐ LAWN IRRIGATION ☐ SWIMMING POOL ☐

Description of Work: _____

Area Square Feet: Living: _____ *Garage: _____ *Covered Porch: _____ Total: _____

IS THIS PROPERTY IN A FLOODPLAIN: ☐ Yes ☐ No *If yes, provide Flood Plain Certificate*

Contractor Information: _____

Company _____ Contact Person: _____

Address: _____

Phone Number: _____ _____ *Email:* _____

General Contractor	Contact Person	Phone Number/Email	Contractor License Number ☐
Mechanical Contractor	Contact Person	Phone Number/Email	Contractor License Number ☐
Electrical Contractor	Contact Person	Phone Number/Email	Contractor License Number ☐
Plumber/Irrigator	Contact Person	Phone Number/Email	Contractor License Number ☐
MH Moving Contractor	Contact Person	Phone Number/Email	Contractor License Number ☐

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved:		Date:	

Building Permit Fee: _____ Meter Deposit Fee: _____ Total Fees: _____

Plan Review Fee: _____ _____ Receipt #: _____

Water Tap Fee: _____ Issued Date: _____

Sewer Tap Fee: _____ Issued By: _____

BV Project # _____

*IF APPLICABLE

**MANUFACTURE HOME PARK OR SUBDIVISION, SEE CITY IF UNKNOWN