



PLAN REVIEW APPLICATION

This application must be submitted as this fillable PDF format - Fill out this form and save as a non-secured PDF to submit.
Printed copies will be rejected.

(Area A) DEALER, INSTALLER, HOMEOWNER (Typically A.1 or A.2), OTHER:
(Area A.1) Accessory Structures: Skirting systems, Site-specific Typical, Attached accessory structure(s)
(Area A.2) Foundation Systems: Foundations & Anchoring, Typical, Does not conform/alternative design, method, or material.
(Area A.3) Factory Built Building Installation: Approved MHBD plans to be installed: F-, H-, Other
(Area A.4) Supplement Plans: Supplemental to originally approved MHBD plans.
(Area B) Scope of Work: All applications shall include a defined scope of work: (IBC-2018-105.3.1)
(Area C) Owner / Applicant's Name (Dealer, Installer, Homeowner, or Other) Mailing Address & Telephone Number
(Area D) Contact Name & E-mail Address (Required)
(Area E) If Site-Specific: Installation Site Address/ Assessors Parcel Number
Important Notes: Review the Plan Review page of the MHBD website for updated checklists, applications, instructions, and our e-Licensing Portal to submit all plan review applications for review.

SECTION BELOW FOR OFFICE USE ONLY
RECEIPTING APPROVAL STAMP
Submittal Fee
Payment No.
Application No.
Additional Hours () X \$125.00 Per Hour
Balance Fees Owed