



## MOBILE HOME

**A) Required inspections for a mobile home installation: The following items must be inspected on the same trip as indicated. If the inspections are called in separately, the additional trips are not covered by the initial permit and will be charged as reinspections by the Town of Bartonville at a rate of \$75.00 per trip.**

1. Setbacks, Power Pole, Water Line, Gas Line, AirConditioner including the Disconnect and Tie Downs.

**B) Following is a list of items the inspector will be looking for:**

1. Home must be set back as indicated on the plot plan approved by the permit issued by the Town of Bartonville.
2. Power pole must be securely set as per Denton County Co-op requirements, have the proper amperage disconnect, proper amperage wire, be the appropriate depth in the ditch as indicated by the conduit or protection required for the wire.
3. Air conditioner must be set and have disconnect at the unit if it is not within sight of the power pole.
4. Water line must be connected and have adequate protection (as prescribed by the town requirements) if passing through a septic field.
5. Gas line must be connected.
6. Septic system must be approved by the town sanitarian.
7. Home must be tied down as required for the size of the mobile home.



**TOWN OF BARTONVILLE  
APPLICATION OF BUILDING PERMIT**

Permit No.: \_\_\_\_\_

Job Address:		Date:
Subdivision/Abstract:	Block:	Lot/Tract:
Permit Type: <input type="checkbox"/> New Residence <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Pool <input type="checkbox"/> Sprinkler <input type="checkbox"/> Water Well <input type="checkbox"/> Driveway/Culvert <input type="checkbox"/> Tree Removal <input type="checkbox"/> Accessory (specify: _____) <input type="checkbox"/> Other (specify: _____)		Intended Use:
Sq Footage: <input type="checkbox"/> A/C <input type="checkbox"/> Non-A/C	Water Supply:	Est. Value:

Owner:	
Address:	Phone:
Contractor:	
Registration No:	
Address:	Mobile:
Phone:	
Electrical Sub:	
Registration No:	
Address:	
Phone:	
Mechanical Sub:	
Registration No:	
Address:	
Phone:	
Plumbing Sub:	
Registration No:	
Address:	
Phone:	

<b>NOTICE</b>	<b>PERMIT FEES FOR OFFICE USE ONLY</b>
<p>This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits are valid for one year.</p> <p>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 herein or not. The granting of a permit does not presume to give authority to violate or cancel any other Federal, State or local law regulating construction or the performance of construction.</p>	<p>A/C sq foot fee: _____</p> <p>Non A/C sq foot: _____</p> <p>Tree Removal fee: _____</p> <p>Driveway/Culvert: _____</p> <p>Sep. Conv.: _____</p> <p>Sep Aerobic: _____</p> <p>Other: _____</p> <p><b>TOTAL:</b> _____</p>
Applicant's Signature _____	Date _____
Printed Name _____	

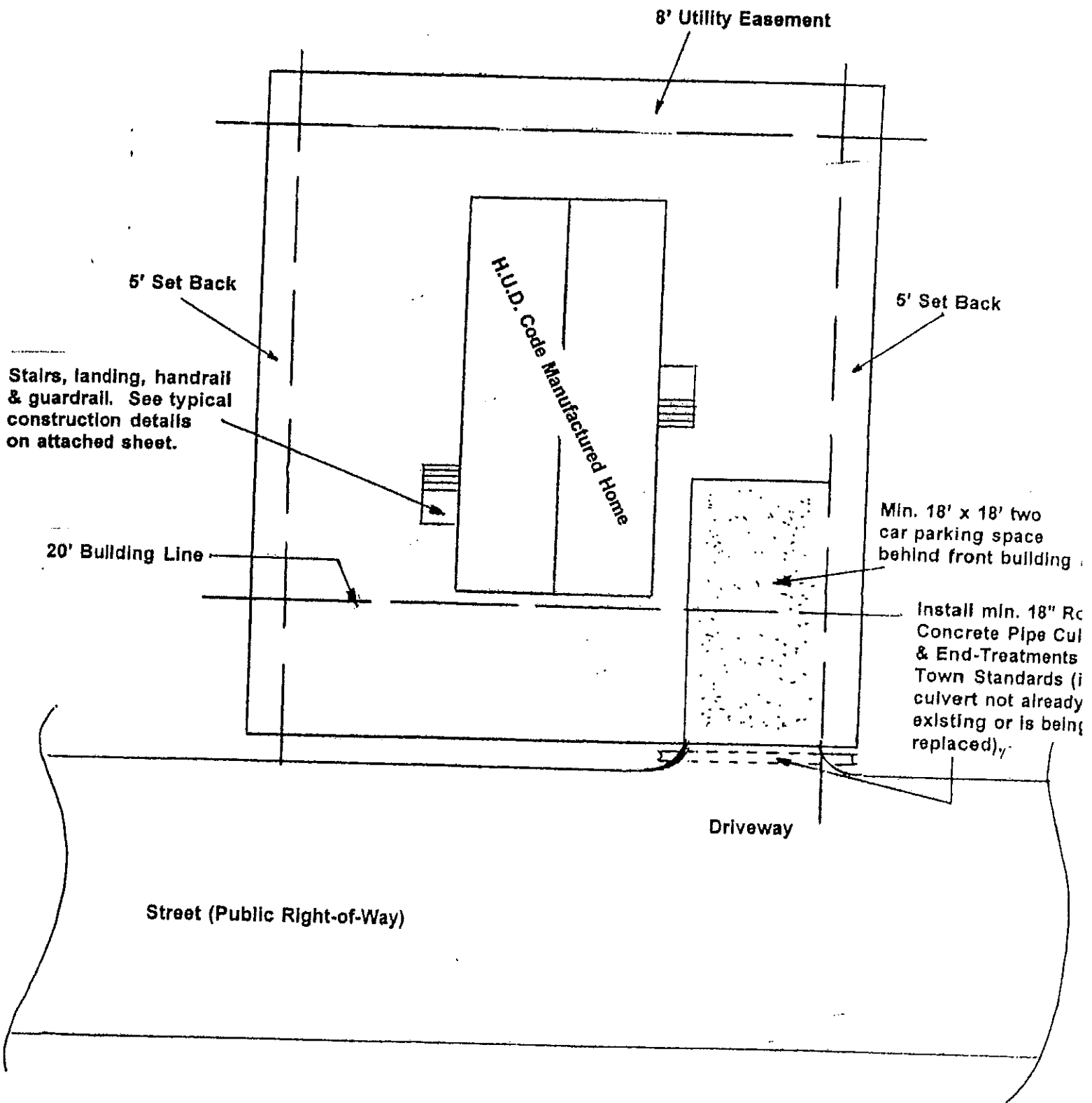
Zoning _____	All Easements and R.O.W's shown _____
Legal & Dimension match plat _____	Culvert size _____
Req'd front yard _____ Front yard size _____	Flood plain _____ Permit req? <input type="checkbox"/> Yes <input type="checkbox"/> No
Req'd rear yard _____ Rear yard size _____	Septic permit approved _____
Req'd side yard _____ Rt yard size _____ Lt yard size _____	

Comments: \_\_\_\_\_

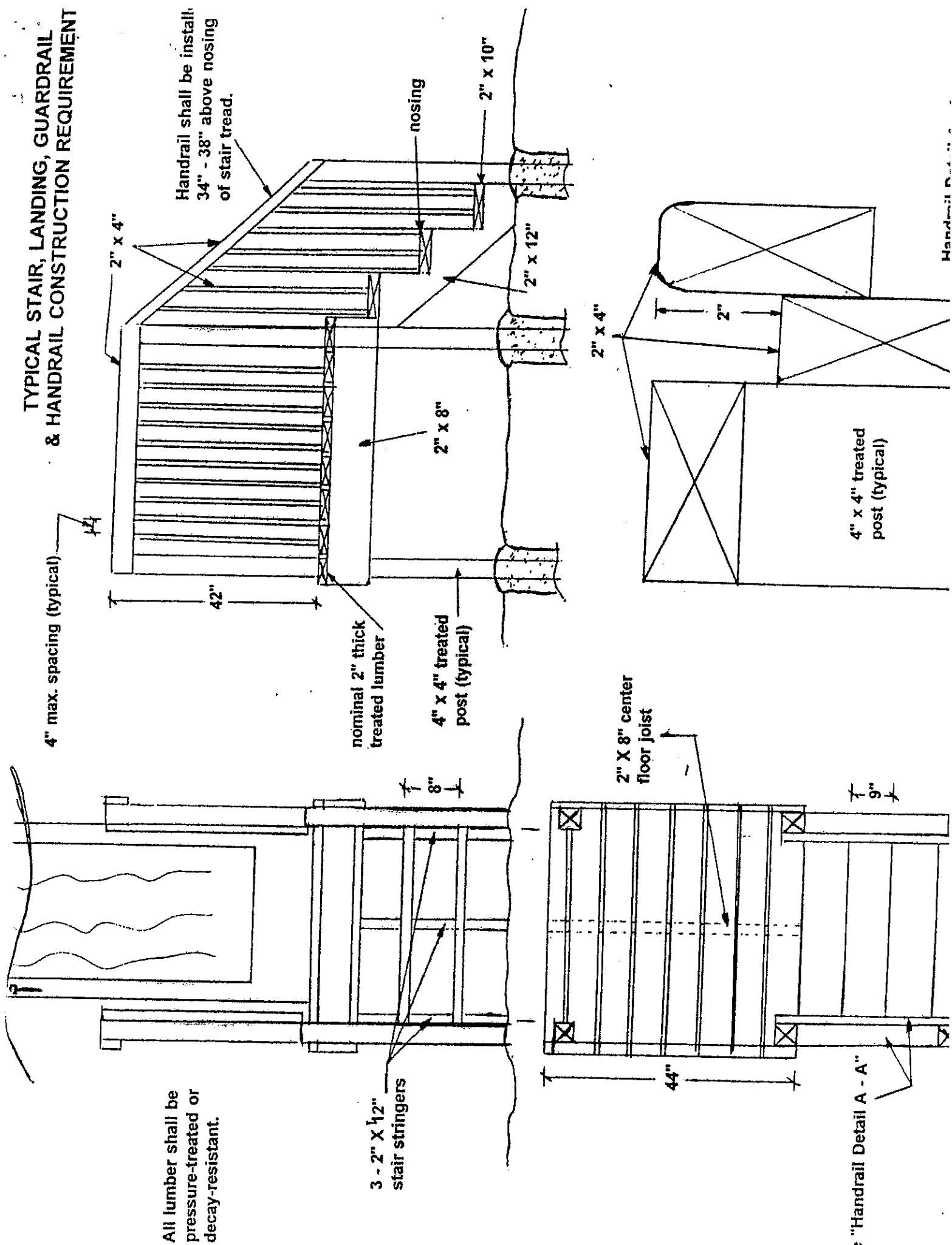
Comments on plans:  yes  no

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

TYPICAL H.U.D. CODE MANUFACTURED  
HOME SET-UP FOR BRASHER ESTATES



**TYPICAL STAIR, LANDING, GUARDRAIL  
& HANDRAIL CONSTRUCTION REQUIREMENT**



All lumber shall be pressure-treated or decay-resistant.

See "Handrail Detail A - A"

# APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

Application No.
Date
Amount

\_\_\_\_\_4\_\_\_\_\_  
TCEQ Region Number

\_\_\_\_\_  
County of Installation

\_\_\_\_\_  
Town or City of Installation

<input type="checkbox"/> New Installation
<input type="checkbox"/> Modification

1. Property Owners Name: \_\_\_\_\_  

(Last)
(First)
(Middle)
2. Permanent Mailing Address: \_\_\_\_\_
3. Telephone No. During Day: (\_\_\_\_\_) \_\_\_\_\_
4. Site Address: \_\_\_\_\_
5. Legal Description:   Sec. \_\_\_\_\_   Block. \_\_\_\_\_   Lot \_\_\_\_\_   Date \_\_\_\_\_
6. Source of Water:    Private Well                    Public Water Supply \_\_\_\_\_  

(Name of Supplier)
7. Single Family Residence:   No. of Bedrooms \_\_\_\_\_   Living Area (ft<sup>2</sup>) \_\_\_\_\_
8. Commercial/Institutional (Including multi-family residences)   Type: \_\_\_\_\_  
No. of Employees/Occupants/Units: \_\_\_\_\_   Days Occupied per Week: \_\_\_\_\_
9. Site Evaluator: \_\_\_\_\_   Certification No.: \_\_\_\_\_
10. Designer: \_\_\_\_\_   License No. (PE or RS) \_\_\_\_\_  
Phone No.: \_\_\_\_\_
11. Installer: \_\_\_\_\_   Registration No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

(\*All related fees are non-refundable and shall be paid by personal check, cashiers check, or money order. No cash accepted.)

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Designated Representative to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this Commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. \_\_\_\_\_  

(Signature of Owner)

\_\_\_\_\_  

(Date)