



**RUSSELL COUNTY BUILDING DEPARTMENT**  
 137 Highland Dr. Suite D  
 Lebanon, VA 24266  
 Telephone: 276-889-8012  
 Fax: 276-889-8009  
[build@russellcountyva.us](mailto:build@russellcountyva.us)  
 Josh Stinson—Building Official

Date:

## Russell County Manufactured/Mobile Home Permit Application

<b>Type of Work</b>	Singlewide <input type="checkbox"/>	Doublewide <input type="checkbox"/>	Camper <input type="checkbox"/>
<b>Construction Category</b>	New <input type="checkbox"/>	Used <input type="checkbox"/>	Relocation <input type="checkbox"/>
<b>Applicant (Permit Holder)</b>	Who will be considered the permit holder?		Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/>
<b>Property Owner</b>	Name:		Email Address:
	Mailing Address:		Phone:
<b>Property Information</b>	Tax Map I.D#	Septic#	Water Source
	Flood Zone:		
<b>Applicant Information:</b>	Name:		
	Address:		
	City, State, Zip		
<b>Home Information</b>	Manufacturer	Year	Size
	#Bedrooms	#Full Baths	#Half Baths
	Estimated Cost		
<b>Type of Heat</b>	Electric <input type="checkbox"/>	Heat Pump <input type="checkbox"/>	Gas <input type="checkbox"/> Wood Stove <input type="checkbox"/> Solar <input type="checkbox"/>
<b>Foundation</b>	Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Basement <input type="checkbox"/>
<b>Project Description</b>			



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<b>Contractor/ Sub-Contractor Information</b>	Business Name:		
	Contact Name:		
	Address:	City/State:	Zip Code:
	State License#:	Exp. Date:	Phone:

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<b>Mechanics Lien Agent</b>	Name:		
	Address:		
	City	State	Zip Code

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s). I affirm that all information on this application is true and accurate.

Signature:	Date:
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<b>FOR OFFICE USE ONLY</b>	<b>Date Received:</b>
<b>Building Permit Fee:</b>	<b>Levy: Total Fee Amount</b>