



**City of Tye, Texas**  
**Manufactured Home Permit Application**

205 North St  
 PO Box 369  
 Tye, Texas 79563-0369  
 (325)692-8588 Office  
 (325)692-9322 Fax

				<b>Permit Number</b>	
<b>Applicant Information</b>					
Name		Social Security #		Driver's License #	
				Phone #	
Address					
<b>Property Owner Information</b>					
Name		Home Phone #		Work Phone #	
				Cell Phone #	
Address					
<b>Manufactured Home Information</b>					
Manufacturer Name				Manufacturer License #	
Address					
Date Manufactured		Model Name		Home Size	
				Width                  Length	
New		Used			
<b>Lot Legal Description</b>					
Lot		Block		Survey	
				Abstract	
<b>Retailer Information</b>					
Name		License #		Expiration	
				Phone #	
Address					
<b>Installer Information</b>					
Name		License #		Expiration	
				Phone #	
Address					
<b>Plumber Information for Sewer (All sewer work must be performed by a licensed plumber)</b>					
Name		License #		Expiration	
				Phone #	
Address					
<b>Plumber Information for Water (All water work must be performed by a licensed plumber)</b>					
Name		License #		Expiration	
				Phone #	
Address					

Does Retailer or Installer Provide Skirting?    Yes                      No



**City of Tye, Texas**  
**Manufactured Home Permit Application**

205 North St  
PO Box 369  
Tye, Texas 79563-0369  
(325)692-8588 Office  
(325)692-9322 Fax

\*The Home has been installed in accordance with:

Manufacturer's Home Installation Instructions (provide page number or option)

State Generic Standards

DMH Pre-Approved Foundation System (provide reference to DMH Approval Letter)

\*Note: If no method is checked, it will be assumed that option 2, State Generic Standards, was used.

Custom Designed Foundation System (attach copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted)

**THE RETAILER OR INSTALLER MUST FILE FORM T, PLUS THE REQUIRED INSPECTION REPORTING FEE, WITH THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS WITHIN 30 DAYS OF THE INSTALLATION.**

I verify that I am a licensed retailer or installer, that I am responsible for the installation described, and that the information supplied is true and correct.

Copy of Notice of Installation (Form T) will be attached to this permit. Permit will not be complete with out the copy of Notice of Installation required by law.

*Penalty:*

*A person commits an offense if the person knowingly violates any part of City Ordinance O-04-03 amended November 2003*

*An offense under this section is a misdemeanor punishable by a fine of not less than \$100.00 or more than \$500.00*

*Each day a violation continues is a separate offense.*

---

Signature (retailer/installer)

---

Printed Name and Title

---

Approved By

---

Date

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489  
 (800) 500-7074, (512) 475-2200 FAX (512) 475-3506  
 Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**NOTICE OF INSTALLATION (FORM T)**

HUD Label or Texas Seal # \_\_\_\_\_ Serial # \_\_\_\_\_

Manufacturer Name \_\_\_\_\_ License # \_\_\_\_\_

Home Size \_\_\_\_\_ Weight \_\_\_\_\_ Date of Manufacture \_\_\_\_\_ Model Name \_\_\_\_\_  
 Width \_\_\_\_\_ Length \_\_\_\_\_

**DRAW A MAP TO PROVIDE DIRECTIONS TO HOME ON PAGE 2**

Consumer \_\_\_\_\_ Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Mailing Address \_\_\_\_\_

Site Address \_\_\_\_\_

County Where Home is Installed \_\_\_\_\_ Actual Installation Date \_\_\_\_\_

Wind Zone on Data Plate I II III Installed in a Humid & Fringe Climate Yes No Labeled for Alternate Construction Yes No

Retailer Name	Address	License #	Expiration Date	Phone #
Installer Name	Address	License #	Expiration Date	Phone #

Is home installed in Frost Line Zone? Yes No  
 Does retailer or installer provide skirting? Yes No  
 Is installation part of sales contract of used home? Yes No

**New Home** - The home has been installed in accordance with:

1. Manufacturer's Home Installation Instructions (provide page number or option)
2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

**Used Home** - The home has been installed in accordance with:

1. Manufacturer's Home Installation Instructions (provide page number or option)
2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).
3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 (provide name of system or reference to MHD Approval Letter or registration).
4. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25.

**FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.**

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 7<sup>th</sup> day after which the installation is completed and should not be submitted with the title documents.

Per §1201.206(i): On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.

I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature (Retailer/Installer)

\_\_\_\_\_  
Name (print or type)

Department Use Only	
Inspected Without Violations	Not Inspected, Unable to Locate
Inspected With Violations	Not Inspected, No Unit At Location
Not Inspected, Unit Skirted	Not Inspected, Unit Not Accessible
Inspection Date: _____ HUD/Seal #: _____	
<i>I hereby certify on this ____ day of _____, 20____ that the above inspection results are true and correct to the best of my knowledge and belief.</i>	
Inspector Signature: _____	Printed Name: _____

**DRAW MAP BELOW**

