



Macomb Township

Building Department

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www.macomb-mi.gov

Manufactured Home Installation Requirements

Address: _____ Lot # _____

Park Name: _____

Installer: _____

Address: _____

Builders License No: _____ Expiration: _____

Phone No: _____ Email: _____

Manufacturer: _____ Model Year: _____

Width _____ Length _____ Serial # _____

Valuation \$ _____

Special Stipulations: _____

Signature of Applicant

Date

Issued By

Date

***Standard building permit application must also be submitted with this document**