



**CASS COUNTY, MISSOURI  
BUILDING CODES, ENVIRONMENTAL HEALTH  
AND ZONING DEPARTMENT**

**30508 S. West Outer Road, Harrisonville, MO 64701  
P- (816) 380-8134 F- (816) 380-8130**

**Requirements for Application for a  
Manufactured Home Installation Permit**

Last Updated October 1, 2011

The following information shall be submitted with the completed permit application questionnaire when making an application for a manufactured home installation permit. All plans will be reviewed under the 2006 International Codes as adopted by Cass County. If you have any questions please feel free to ask. Applications cannot and will not be accepted electronically or by machine. Completed application and all associated information must be made at the Cass County building codes department by the applicant t/ permit Holder

**Before making application, please check with the Building Codes office for any changes or revisions to this application packet.**

It is neither the intent nor policy of Cass County to discriminate against Manufactured Homes in any manner, nor to provide any rules or regulation for manufactured homes that do not apply to other classifications of housing.

Cass County, Missouri shall only regulate the installation of Manufactured Housing in the manner that the homes are installed on a site and connected to its energy sources, potable water and sewage disposal system. All zoning, health, and building ordinances regulating the installation of Manufactured Homes and the requirements provided for to make application for an installation permit are deemed to provide that an installation meets or exceeds the minimum standards of applicable ordinances adopted by Cass County, the State of Missouri and the United States Department of Housing and Urban Development.

The 2005 Cass County, Missouri Amended Zoning Order requires all new homes in Cass County must be a minimum of 1,000 square feet in size.

All new installations of Manufactured Homes must be 1976 or newer homes with a Manufactured Home Seal showing it was built in accordance with and inspected by the United States Government.

**SUBMIT FOLLOWING INFORMATION WITH A COMPLETED APPLICATION**

1. Legal Description of the property on which the manufactured home is to be installed.
2. Sewage disposal system permit issued by the Cass County Health Department.
3. **ALL PLANS MUST BE LEGIBLE.**
4. Plans will NOT be accepted by electronic means.
5. Plot Plan showing the following information:
  - The overall dimensions of the property showing property lines with North arrow.
  - Any easements.
  - The locations of any existing buildings, their distances from the property lines, each other, and to the proposed manufactured home.
  - The proposed location of the manufactured home and its distances from property lines.
  - The location and size of any decks, landings or stairways.
  - The location of the required electrical service disconnect.

6. The floor plan of the manufactured home showing:
  - The overall dimensions of the home. (Including the outside dimensions of the box of the home, but not the tongue or towing apparatus.)
  - The room dimensions.
  - The descriptions of the rooms use. (i.e. Bedroom, Bath etc..)
  - Show the location of the electrical distribution panel board.
7. A foundation plan that is designed in accordance with one of the following methods:
  - The manufacturer’s installation manual.
  - An alternate foundation system that has been certified or prepared by the manufacturer.
  - An alternate foundation that has been designed by and bears an original seal from a Missouri Registered Professional Engineer.
8. Applicant must furnish a complete Manufacturer’s Installation Manual.
9. A \$50.00 Application Fee is due upon making application for a building permit and applications will not be accepted without the application fee being paid. Refunds of the application fee will not be granted after any plan review has been completed. A refund of 80 percent of the application fee may be granted upon application in writing by the permit applicant before any plan review has been started.
10. Work shall not be started until a permit has been issued!
11. By being the permit applicant/ permit holder you are taking full responsibility for the building project. The permit applicant/ permit holder will be the point of contact for all issues regarding the project from start to finish.

The setup and installation of a manufactured home shall comply with Manufacturer’s Installation Manual and/or original sealed plans from a Missouri Registered Professional Engineer.

**Table 1-A-1b**  
**BUILDING PERMIT FEES**  
**MANUFACTURED HOMES FOR DWELLING USE**

|  |   |
|--|---|
| For Manufactured Home Installation on piers, or engineered slab or pier and engineered runner foundations. | \$905.00  |
| For Manufactured home installation on crawl space foundation.  | \$905.00 plus \$0.23 per sq. ft. of crawl space area. |
| For Manufactured Home Installation on Basement foundation.*  | \$905.00 plus \$0.35 per sq. ft. of basement area.    |
| Deck   | \$0.12 per sq ft                                      |
| Porch/Deck Roof  | \$0.10 per sq ft                                      |
| Attached garages and other attached accessory use buildings.   | \$0.34 per sq. ft.                                    |

\*For finished habitable space in basements of manufactured home see Table 1-A-1a

## CASS COUNTY ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT APPLICATION

In order to process your application for a building permit the following information, is required to be submitted at the time of application. Applications cannot and will not be accepted electronically or by machine. Completed application and all associated information must be made at the Cass County building codes department by the applicant t/ permit Holder.

**Before making application, please check with the Building Codes, Environmental Health, and Zoning office for any changes or revisions to this application packet.**

1. A completed permit application questionnaire provided as a part of this packet. All information requested on the application questionnaire is required to be answered. It is the applicant's responsibility to provide the following information our staff are unable to assist in obtaining the information.
  - Fire District
  - Water District
  - School District
2. The complete legal description of the property on which the building is to be constructed.
3. A Plot plan showing all information required by item #2 below.
4. Site Evaluation form and results of soil test as performed by a licensed percolation tester or a soil scientist.
5. Details showing the typical cross section dimensions of the absorption trench including but not limited to: depth, width, size, type, and depth of gravel; size, type and depth of pipe or chamber; depth of fill; type of restrictive layer (landscaping fabric, fiberglass, paper, etc. )
6. Completed Application
7. Soil Data at site location, either percolation test or soil morphology evaluations. Percolation tests must be preformed by a certified percolation tester, Soil Morphology must be provided by a soil scientist.
8. A letter from the 911 coordinator for the new address.
9. If construction is taking place in any subdivisions a Road Impact Fee may due. You will need to contact the Planning and Zoning Department about this issue.
10. A \$300.00 Onsite Sewage fee for new systems is due upon making application. A \$75.00 Fee for Exemption permits.

NOTE: All plans, specifications and other information which is required to be submitted will be retained by the Cass County, Missouri Building Codes, Environmental Health, and Zoning Department as a part of the public record concerning a building permit or building permit application and **will not be returned** to an applicant. If any of the documents, which are submitted, are needed for an applicants use, copies should be made before submitting the documents to the building codes office.

**Work shall not be started until a permit has been issued!**

By being the permit applicant/ permit holder you are taking full responsibility for the Onsite Sewage project. You being the permit applicant/ permit holder will be the point of contact for all issues regarding the project from start to finish.

Plans are required to be reviewed for compliance with various county ordinances and codes and you should allow up to 10 working days for your plans to be reviewed although depending on the work load your plan review should be completed within 5 to 7 working days. Incomplete plans and specifications may not be accepted or if plans are incomplete and require more than one hour of review time additional fees may be assessed at the rate of \$97.00 per hour with a minimum of one-half hour charge being assessed. The information which is being requested in this letter is a part of the building codes department plan review check list and plans which do not contain all requested information may be rejected and a delay in issuance of your building permit may result.

## **PLAN REQUIREMENTS:**

1. Plans will **NOT** be accepted by electronic means. All plans for the project shall be of the same size.
2. Site Plan of the property shall include the following information and must be prepared by the installer or engineer showing the following minimum information:
  - a) Lot lines, dimensions and total lot area or acres
  - b) North arrow
  - c) Any easements shall be shown with their established dimensions.
  - d) Show all existing buildings already present on parcel of property on which proposed building is to be erected.
  - e) Shows planned location of new building and provide setback dimensions between proposed building and all property lines and any existing buildings. For setback requirements please contact the Cass County Zoning Department.
  - f) Indicate location of: Absorption Field                      Serial Dist (land Block)                      Flat lot Layout  
Total Absorption Area                      Easements                      No. of Trenches                      Trench Width  
Trench Depth                      Tank Geological Features                      Soil Morphology Pits or Percolation Holes  
Indicate direction of surface drainage                      Springs, sinkholes and caves  
Proposed and/or existing wells (in use or abandoned)  
Flowing or intermittent streams or watercourses, ponds, lakes and floodplain boundaries  
Any other conditions which may affect the design or performance of the system
  - g) Location of proposed septic tank and absorption field or other proposed system.
  - h) Slope of ground surface across absorption field area. Spot elevations or topographic contours may be used. Show Grade to nearest ½ percent.
  - i) Existing utility lines and easements.
  - j) Existing or proposed swimming pools.
  - k) Existing or proposed drives, parking lots or other paved or gravel surfaced areas.

**If a lagoon or evaporation pond is being installed, the distance of neighboring residence(s) must be indicated**

This information may or may not be all that is required for each individual Onsite Sewage design. If additional information is required during the review process the permit applicant or designated design professional will be contacted.

If you have any questions regarding the required information please feel free to contact the Cass County Building Codes, Environmental Health, and Zoning Office.

### On-Site Sewage Disposal System Information

|                          |                  |                 |                        |                |                                 |                               |
|--------------------------|------------------|-----------------|------------------------|----------------|---------------------------------|-------------------------------|
| System is                | New Construction |                 | Repair Existing System |                | Exemption                       |                               |
| System Serves            |                  | # of Bedrooms   |                        | # of Bathrooms | Full                            | Half                          |
| Percolation Rate         | (min/inch)       |                 |                        |                |                                 |                               |
| Soil Morphology          | Soil Type        |                 | Soil Texture           |                | % Clay                          | Application Rate              |
| System to be used        |                  |                 |                        |                |                                 |                               |
| Sewage Tank Type         |                  | Liquid Capacity |                        | (gal/GPD)      | Square Footage of Lateral Field |                               |
| Septic                   | Aerated          | NSF Class I     | Yes                    | No             | Distance From                   | House Well                    |
| Waste Stabilization Pond | Dimensions       |                 |                        |                |                                 | ( length x width or Diameter) |
| Total water surface Area | Square ft        |                 | Working Depth          |                | Pond Seal                       | Equip Used                    |

### Permit Applicant Information

|  |           |                 |                  |
|--|-----------|-----------------|------------------|
| Applicant Social Security # / Tax ID # / Drivers License # |           |                 |                  |
| Applicant Name   |           |                 |                  |
| Applicant Address  |           |                 |                  |
| City / State / Zip   |           |                 |                  |
| Phone  |           | Mobile          |                  |
| Fax  |           | Alternate Phone |                  |
| Applicant's Position                                       | Installer | Owner           | Authorized Agent |

By signing this form you are taking FULL Responsibility for On-Site Swage System Installation as well as the Property owner confirms and agrees that the Locations of proposed system components and any conditions described may not be altered without prior written approval of the Flood Plain Administrator, and that the county is hereby granted authorization to enter upon the subject property, following reasonable notification to the Owner and/or agent, to confirm the conditions of this permit.

Signature of Installer or Authorized Agent

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

### OFFICE USE ONLY BELOW

This property has been reviewed by the County Flood Plain Administrator to evaluate the relationship of the project to any potential flood issues as indicated in the current NFIP mapping system. The results are:

The  Residence  septic system appears to be located in the area designated as subject to a 1% Annual Chance of Flooding.

The  Residence  septic system DOES NOT appear to be located in the area designated as subject to a 1% Annual Chance of Flooding.

Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Lee Morris, Cass County Flood Plain Administrator

\_\_\_\_\_  
 Date

|                                  |              |                      |              |                         |              |
|----------------------------------|--------------|----------------------|--------------|-------------------------|--------------|
| Construction Inspection Approval |              | Pump Tank Inspection |              | Lagoon Fence Inspection |              |
| Date                             | EPHS Initial | Date                 | EPHS Initial | Date                    | EPHS Initial |



**CASS COUNTY BUILDING CODES DEPARTMENT  
MANUFACTURED HOME PERMIT  
APPLICATION QUESTIONNAIRE**

|                                  |
|----------------------------------|
| Log No. _____<br>OFFICE USE ONLY |
|----------------------------------|

*Applications cannot and will not be accepted electronically or by machine. Completed application and all associated information must be made at the Cass County building codes department by the applicant t/ permit Holder*

| Property Information |  |  |  |                           |          |  |                 |                            |          |  |
|----------------------|--|--|--|---------------------------|----------|--|-----------------|----------------------------|----------|--|
| Installation Address |  |  |  |                           |          |  |                 |                            |          |  |
| Post Office          |  |  |  |                           | Lot Size |  |                 |                            |          |  |
| Lot #                |  |  |  | Block                     |          |  | Subdivision     |                            |          |  |
| Fire District        |  |  |  | Water District            |          |  | School District |                            |          |  |
| Electrical Supplier  |  |  |  | Electrical Service Rating |          |  | amps            | Health Department Permit # |          |  |
| Fuel Gas Supplier    |  |  |  | Heat Type                 |          |  | Natural Gas     | LPG                        | Electric |  |

| Property Owners Information |  |  |                 |
|-----------------------------|--|--|-----------------|
| Owners Name                 |  |  |                 |
| Owners Address              |  |  |                 |
| City / State / Zip          |  |  |                 |
| Phone                       |  |  | Mobile          |
| Fax                         |  |  | Alternate Phone |

| Manufactured Home Information |                |  |               |  |       |        |
|-------------------------------|----------------|--|---------------|--|-------|--------|
| Manufacturer                  |                |  |               |  |       |        |
| Model                         |                |  | Year          |  | Width | Length |
| Serial Number                 |                |  |               |  |       |        |
| Type of Unit                  | Single Section |  | Multi Section |  |       |        |

| Foundation Design     |  |                                    |  |                          |                      |            |
|-----------------------|--|------------------------------------|--|--------------------------|----------------------|------------|
| Manufacturer's Manual |  | Manufacturer's Certified Alternate |  | Sealed Engineered Design |                      |            |
| Type of Foundation    |  |                                    |  |                          |                      |            |
| Piers                 |  | Crawl Space                        |  | Slab                     |                      | Basement   |
|                       |  |                                    |  |                          |                      | Unfinished |
|                       |  |                                    |  |                          |                      | Finished   |
|                       |  |                                    |  |                          | Total Finished Space | Sq. Ft     |

| Permit Applicant Information  |         |  |       |                 |  |
|---|---------|--|-------|-----------------|--|
| <i>By Filling out the following information you are taking FULL responsibility for this project from Start to Finish.</i> |         |  |       |                 |  |
| Applicant Social Security or TIN #  |         |  |       |                 |  |
| Applicant Name  |         |  |       |                 |  |
| Applicant Address   |         |  |       |                 |  |
| City / State / Zip  |         |  |       |                 |  |
| Phone   |         |  |       | Mobile          |  |
| Fax   |         |  |       | Alternate Phone |  |
| Applicant's Position  | Builder |  | Owner |                 |  |

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# **CONTRACTORS LIST**

All information must be complete before making application.

General Contractor/Installer

Contact Person

Address

Phone

Alternate Number

E-mail

Foundation Company

Contact Person

Address

Phone

Alternate Number

E-mail

Flat Work Company

Contact Person

Address

Phone

Alternate Number

E-mail

Framing Contractor

Contact Person

Address

Phone

Alternate Number

E-mail

Electrical Contractor

Contact Person

Address

Phone

Alternate Number

E-mail

Plumbing Contractor

Contact Person

Address

Phone

Alternate Number

E-mail

**CONTRACTORS LIST CONTINUED**

Mechanical Contractor \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Insulation Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

**DESIGN PROFESSIONALS LIST IF REQUIRED** (Engineers and or Architects)

Design Professional/ Discipline \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Design Professional/ Discipline \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Design Professional/ Discipline \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
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