

GRANT COUNTY BUILDING DEPARTMENT

FAS Supplemental

(Factory Assembled Structure – Manufactured Home)

Name of applicant: _____

Please mark the box and **complete ONE (1) section below** for the person or company most responsible for the setup of your manufactured home.

- **General Contractor for setting the manufactured home?**

Company Name: _____

Address: _____

Phone Number: _____

License Number: _____

- **Manufactured Home Dealer from whom you purchased the manufactured home?**

Company Name: _____

Address: _____

Phone Number: _____

License Number: _____

- **Certified Installer supervising the installation of the manufactured home?**

Installer's Name: _____

Address: _____

Phone Number: _____

Certification #: _____

- **The owner may complete any or all of their manufactured home installation.**

If you are your own general contractor and completing your own installation, mark this box.