



MISSISSIPPI
Insurance Department
Office of the State Fire
Marshal
Post Office Box 79
Jackson, Mississippi 39205
planreview@mid.ms.gov
(601) 359-1061

MOD-11

REQUEST FOR PLAN REVIEW MODULAR HOUSING

DATE OF REQUEST: _____

MANUFACTURER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

LICENSE NUMBER: _____

Plans are reviewed at a cost of \$400.00 per floor plan. Payment is due prior to plan approval.

FLOOR PLAN REVIEW	
PLANS SUBMITTED (MODEL NUMBER)	TOTAL AMOUNT DUE
	\$400.00
	\$400.00
	\$400.00
	\$400.00
TOTAL AMOUNT ENCLOSED	

Submitted by: _____