



PINAL COUNTY
COMMUNITY DEVELOPMENT

PERMIT NUMBER:

MANUFACTURED HOME / PARK MODEL /MODULAR
PERMIT APPLICATION

MANUFACTURED HOME [] PARK MODEL [] MODULAR HOME []

1. HOME/UNIT OWNER PHONE

MAILING ADDRESS CITY ST ZIP

2. JOB/STREET ADDRESS:

3. ASSESSOR'S PARCEL #:

4. MOBILE HOME/RV PARK SPACE #

5. PROPERTY OWNER PHONE

MAILING ADDRESS CITY ST ZIP

6. INSTALLER LICENSE# PHONE

MAILING ADDRESS CITY ST ZIP

Unless the Installer possesses an I10G license, the Subcontractor Supplemental Form found on the reverse side of this application MUST be filled out for the installation of accessory structures.

Received & verified by:

7. SETBACKS: FRONT LEFT SIDE RIGHT SIDE REAR

The setbacks should be measured from either the property line or future road right-of-way, whichever is more restrictive.

8. IS THERE A WASH/WATER COURSE ON THE PROPERTY? YES NO DISTANCE INITIAL

9. OUTSIDE LIGHTING? **IF YES, LIGHTS MUST BE SHIELDED

10. NAME OF UTILITY COMPANY: SEWER PROPANE: YES NO GAS

ELEC WATER WELL: YES OR NO SEPTIC

11. EXISTING USE OF PROPERTY: PROPOSED USE:

12. MANUFACTURER: SERIAL #

SIZE: YEAR: Circle one: Single-Wide * Double-Wide * Triple-Wide * Other:

NO. OF BEDROOMS

13. ACCESSORIES: AWNING/PATIO (SIZE) CARPORT (SIZE)

SKIRTING TYPE STORAGE ROOM (SIZE)

MANUFACTURED HOMES: THE PERMIT INCLUDES THREE (3) SITE VISITS. MULTIPLE INSPECTIONS CAN BE SCHEDULED PER SITE VISIT. ANY ADDITIONAL INSPECTION REQUIRED FOR COMPLIANCE WILL BE \$50.00 PER INSPECTION. COUNTY USE PERMITS AND STREET ADDRESSING FEES ARE EXTRA. PARK MODELS: THE PERMIT INCLUDES THE PARK MODEL, AWNING & SHED IF APPLICABLE, AND THREE (3) SITE VISITS. ANY ADDITIONAL INSPECTION REQUIRED FOR COMPLIANCE WILL BE \$50.00 PER INSPECTION

I UNDERSTAND THAT THE MANUFACTURED HOME, PARK MODEL MAY NOT BE INSTALLED OR OCCUPIED PRIOR TO ISSUANCE OF THIS PERMIT. FURTHERMORE, I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE INSTALLATION. FAILURE TO OBTAIN ALL NECESSARY PERMITS OR DISAPPROVAL MAY RESULT IN THE UNIT HAVING TO BE REMOVED FROM THE SITE.

I HEREBY CERTIFY THAT THIS APPLICATION AND ALL SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME SIGNATURE OF OWNER/AGENT DATE OF APPLICATION

CONTACT PERSON TO CALL WHEN PERMIT IS READY FOR PICK-UP PHONE NUMBER OR EMAIL ADDRESS

SPECIAL CONDITIONS: Pick up permit at: AJ ORACLE FLOR CG

OFFICE USE ONLY

Table with 2 columns: Fee/Category (AREA, NON-CONF, ZONING, IMPACT FEE AREA, ZONING CLEARANCE FOR SEPTIC ISSUED, ZONING FEES, PERMIT FEE, FLOOD FEES, IMPACT FEES, ADDRESSING FEES, TOTAL) and Status (P/D)



PINAL COUNTY COMMUNITY DEVELOPMENT

Permit Number: _____

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION SUBCONTRACTOR SUPPLEMENTAL FORM

Please list below all licensed subcontractors associated with the installation & accessory structures of the manufactured home:

Contractor's Company name: _____
License #: _____ License classification: _____
Phone #: _____ Email address: _____
Check work being performed: Electric Plumbing Gas Mechanical
 Accessory Structure -Type: _____
 Other: _____ Staff verification:

Contractor's Company name: _____
License #: _____ License classification: _____
Phone #: _____ Email address: _____
Check work being performed: Electric Plumbing Gas Mechanical
 Accessory Structure -Type: _____
 Other: _____ Staff verification:

Contractor's Company name: _____
License #: _____ License classification: _____
Phone #: _____ Email address: _____
Check work being performed: Electric Plumbing Gas Mechanical
 Accessory Structure -Type: _____
 Other: _____ Staff verification:

Contractor's Company name: _____
License #: _____ License classification: _____
Phone #: _____ Email address: _____
Check work being performed: Electric Plumbing Gas Mechanical
 Accessory Structure -Type: _____
 Other: _____ Staff verification: