



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC-131-79
COUNTY: CURRY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation:		City	County	Zip
1. <u>RT 3 Box 108A</u>		<u>BROOKINGS</u>	<u>CURRY</u>	<u>97415</u>
Directions to Mobile Home Installation:		Legal Description if on Private Property		
2. <u>3 miles on North Bank of Chetco 3 mi marked</u>		2a. <u>Bill Merritt Prop</u>		
Is Mobile Home 3. W/In City Limits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	On Private 4. Property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In a Mobile 5. Home Park
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner	Address	City	Phone No.	
6. <u>RICHARD G. STEWART</u>		<u>BROOKINGS</u>	<u>469-6483</u>	
Dealer-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
7. <u>CALORE Homes</u>	<u>RT 1 Box 49</u>		<u>469-3611</u>	<u>2550900</u>
Accessory-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
8. <u>Stev's Mobile Home serv</u>			<u>469-5475</u>	
9. Describe Work: Install Mobile Home		10. Install Awning or Carport		11. Install Cabana
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
* Date Inspection Is Requested		Manufacturer of Mobile Home		Size of Mobile Home
		<u>Fleetwood Crown Pointe</u>		<u>14x66</u>
13. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING MOBILE HOME INSTALLATIONS.				
<input type="checkbox"/>		or		<input type="checkbox"/>
Signature of Owner (Date)		Signature of Dealer-Installer or (Accessory-Installer)		(Date)
		<u>Bill Robert</u>		

APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE:

ZONING APPROVAL:	Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received	Date
SANITATION APPROVAL:	Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received	Date
PARK LICENSE NUMBER	NUMBER OF APPROVED PARK SPACES		SPACE WHERE MH WILL BE LOCATED	
* CALL FOR INSPECTION: PHONE NO.	TIEDOWNS REQUIRED		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL CONDITIONS: PLUMBING PERMIT REQUIRED BEFORE OCCUPANCY - 6 TIE DOWNS PER SIDE

1. <input checked="" type="checkbox"/> SINGLE WIDE (Inc. Tip-Out)	\$25	5. <input type="checkbox"/> AWNING OR CARPORT	\$5
2. <input type="checkbox"/> DOUBLE WIDE	\$40	6. <input type="checkbox"/> ELECTRICAL	
3. <input type="checkbox"/> EACH ADDITIONAL WIDTH	\$15	7. <input type="checkbox"/> PLUMBING	
4. <input type="checkbox"/> CABANA (Factory Built)	\$15	8. <input type="checkbox"/> MECHANICAL	
TOTAL		<input checked="" type="checkbox"/> CK	CASH M.O. \$ <u>25.00</u>

APPLICATION APPROVED BY: [Signature] DATE PERMIT ISSUED: 6-21-79