



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: MC-125-79  
COUNTY: Cumy

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation: <u>Rt 1, Box 20 Jerry's Flat</u> City <u>Cumy</u> Zip _____	
2. Directions to Mobile Home Installation: <u>Behind Anglers S. Court</u> Legal Description if on Private Property 2a. <u>100-36-14-21</u>	
3. Is Mobile Home W/In City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. On Private Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. In a Mobile Home Park <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Owner <u>Bruce Engdahl</u> Address <u>Rt 1, Box 20</u> City <u>S.W.</u> Phone No. <u>97444</u>	
7. Dealer/Installer <u>Leisure Living Systems</u> Address <u>Rt 1, Box 13A</u> City <u>Brookings</u> Phone No. _____ Bldr. Bd. Reg. No. _____	
8. Accessory-Installer _____ Address _____ City _____ Phone No. _____ Bldr. Bd. Reg. No. _____	
9. Describe Work: Install Mobile Home <input checked="" type="checkbox"/>	10. Install Awning or Carport <input type="checkbox"/>
11. Install Cabana <input type="checkbox"/>	
* Date Inspection Is Requested _____	Manufacturer of Mobile Home _____ Size of Mobile Home _____
12. _____	
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"/> <u>Bruce D. Engdahl</u> _____ or <input type="checkbox"/> _____	Signature of Owner (Date) Signature of Dealer-Installer or (Accessory-Installer) (Date)

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 type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL CONDITIONS:

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 . . . . .	<u>15.00</u>
4. <input type="checkbox"/> CABANA (Factory Built) . . . . .	\$15	8. <input type="checkbox"/> MECHANICAL . . . . .	_____
TOTAL <input checked="" type="checkbox"/> CASH M.O. . . . .		\$ <u>40.00</u>	

APPLICATION APPROVED BY: <u>Harrell</u>	DATE PERMIT ISSUED: <u>6/15/79</u>
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