



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-120-79

COUNTY: CUMBERLAND

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation:		City	County	Zip
1. <u>SPACE #2 SUNSET STRIP HARBOR OREGON</u>				
Directions to Mobile Home Installation:		Legal Description if on Private Property		
2. <u>SUNSET STRIP, FIRST ST. RIGHT AND DOWN 3 TRAILER'S</u>				
3. Is Mobile Home W/In City Limits	<input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No
6. Owner	Address	City	Phone No.	
<u>MARY J. WILSON</u>	<u>#2 SUNSET STRIP HARBOR, ORE.</u>			
7. Dealer-Installer	Address	City	Phone No.	Bldr. Bd. Reg. No.
<u>R-D MOBIL HOMES</u>	<u>BRUCE PO BOX 1306 BROOKINGS</u>			
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"/>	
* Date Inspection Is Requested		Manufacturer of Mobile Home		Size of Mobile Home
12. <u>LOX 45 NEWMOON</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"/> _____ Signature of Owner (Date)		or	<input checked="" type="checkbox"/> _____ 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: <u>4 TIE DOWNS PER SIDE 1 ON EACH OUTSIDE CORNER</u>				
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: <u>[Signature]</u>		DATE PERMIT ISSUED: <u>6/6/79</u>		