



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-17-80

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation: 1. <u>E 2ND ST Langlois, OR</u>		City	County	Zip
Directions to Mobile Home Installation: 2.		Legal Description if on Private Property 2a. <u>30-15-35 TH 3300</u>		
Is Mobile Home W/In City Limits 3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	On Private Property 4. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In a Mobile Home Park 5. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Owner 6. <u>Joseph T. Kane</u>	Address <u>Box 56</u>	City <u>Langlois, OR</u>	Phone No. <u>348-2227</u>	
Dealer-Installer 7.	Address	City	Phone No.	Bldr. Bd. Reg. No.
Accessory-Installer 8.	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 <u>Kirkwood 1974</u>	Size of Mobile Home <u>24x60</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 checked="" type="checkbox"/> <u>Joseph Kane</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 <u>R-2</u>	Date
SANITATION APPROVAL: Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Received <u>10-16-79</u>	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 checked="" type="checkbox"/> No	

SPECIAL CONDITIONS:

1. <input type="checkbox"/> SINGLE WIDE (Inc. Tip-Out) \$25	5. <input type="checkbox"/> AWNING OR CARPORT \$5
2. <input checked="" type="checkbox"/> DOUBLE WIDE \$40	6. <input type="checkbox"/> ELECTRICAL
3. <input type="checkbox"/> EACH ADDITIONAL WIDTH \$15	7. <input checked="" type="checkbox"/> PLUMBING <u>15.00</u>
4. <input type="checkbox"/> CABANA (Factory Built) \$15	8. <input type="checkbox"/> MECHANICAL
TOTAL CK CASH M.O. \$ <u>55.00</u>	

APPLICATION APPROVED BY: Janell DATE PERMIT ISSUED: 2-17-80
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