



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-11-80

COUNTY: CURRY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation: <u>RAINBOW ROCK VILLAGE</u>		City	County	Zip
2. Directions to Mobile Home Installation: <u>Sp JUST BEFORE OFFICE ON RT.</u>		2a. Legal Description if on Private Property		
3. Is Mobile Home W/In City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. On Private Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. In a Mobile Home Park <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6. Owner: <u>WILBUR E. WILLIAMS</u>	Address: <u>PO BOX 771, BROOKINGS</u>	City	Phone No. <u>469-6493</u>	Bldr. Bd. Reg. No. <u>97415</u>
7. Dealer-Installer: <u>SELF</u>	Address	City	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"/>		
12. * Date Inspection Is Requested: <u>BREN + WHITE</u>	Manufacturer of Mobile Home		Size of Mobile Home: <u>14 X 55</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.				
<u>Wendy Sealicia</u> <u>2-1-80</u>		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. <u>469-4604</u>	TIEDOWNS REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL CONDITIONS:
MUST HAVE (5) FIVE TIES DOWN 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 <u>M. H. PAUL</u>
4. <input type="checkbox"/> CABANA (Factory Built) \$15	8. <input type="checkbox"/> MECHANICAL
TOTAL CK CASH M.O. \$ <u>25.00</u>	

APPLICATION APPROVED BY: <u>[Signature]</u>	DATE PERMIT ISSUED: <u>2-2-80</u> <u>2-11-80</u>
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