

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-111-81

COUNTY: CURRY

	COUNTY: _	Corcing
APPLICANT TO COMPLETE NUMBERED SPACES ONLY:		in C
Address of Proposed Mobile Home Installation: 1. SO 43 SUNSET VIEW MO	BILE House PA	County Zip
Directions to Mobile Home Installation:	Legal Description if on Private	Property
2.	2a.	
Is Mobile Home 3. W/In City Limits Yes No 4. Property Owner Address City		Mobile e Park Yes ☐ No
6. Would Address City Box 3/53 HARROR, OR Bldr. Bd. Reg. No.		
7. Carry Bissonette_	Phone No.	Bldr. Bd. Reg. No.
Accessory-Installer Address City 8	Thore No.	Sidil Sal Neg. Ne.
	-	
		Install Cabana
But Hispanian to Requested	er of Mobile Home	Size of Mobile Home
12.		24 13/
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. Or OTHER STATE OF THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING MOBILE HOME INSTALLATIONS.		
Signature of Owner (Date)	Signature of Dealer-Ir	staller or (Accessory-Installer) (Date)
APPLICANT DIFACE DO NOT WRITE BELOW THIS LINE.		
APPLICANT PLEASE DO NOT	WRITE BELOW THIS LINE:	
APPLICANT PLEASE DO NOT		Date
ZONING APPROVAL: Required Yes No	Received	Date
ZONING APPROVAL: Required Yes No SANITATION APPROVAL: Required Yes No	Received Received	Date
ZONING APPROVAL: Required Yes No SANITATION APPROVAL: Required Yes No PARK LICENSE NUMBER OF PARK SE	Received Received APPROVED PACES	Date SPACE WHERE MH WILL BE LOCATED
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