



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: MEB982
COUNTY: Clatsop
REC 2409

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation: <u>SPRUE #12 CEITH TR.</u>		City	County	Zip
2. Directions to Mobile Home Installation:		Legal Description if on Private Property 2a.		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Owner 6. <u>Le Roy Gerou</u> Address <u>PO Box 992 Gold Beach</u> City <u>Gold Beach</u> Phone No.	Bldr. Bd. Reg. No.			
Dealer-Installer 7. <u>Le Roy Gerou</u> Address <u>Home Sales Hwy 101 Coos Bay</u> City <u>Coos Bay</u> Phone No.	Bldr. Bd. Reg. No.			
8. Accessory-Installer <u>SAME</u>				
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 <u>14x60</u>
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 checked="" type="checkbox"/> <u>Le Roy Gerou</u> Signature of Owner (Date)		or <input 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:				
1. <input checked="" type="checkbox"/> SINGLE WIDE (Inc. Tip-Out) \$25				
2. <input checked="" type="checkbox"/> DOUBLE WIDE \$40				
3. <input type="checkbox"/> EACH ADDITIONAL WIDTH \$15				
4. <input type="checkbox"/> CABANA (Factory Built) \$15				
5. <input type="checkbox"/> AWNING OR CARPORT \$10				
6. <input type="checkbox"/> ELECTRICAL				
7. <input type="checkbox"/> PLUMBING				
8. <input type="checkbox"/> MECHANICAL				
TOTAL CK CASH M.O. \$ <u>2500</u>				
APPLICATION APPROVED BY: <u>M White</u>		DATE PERMIT ISSUED: <u>9-17-82</u>		

Part 1—Office Copy—White Part 2—Applicant—Canary Part 3—Inspector—Blue Part 4—Auditor—Green Part 5—Local Government—G-rod