



STATE OF OREGON  
DEPARTMENT OF COMMERCE  
BUILDING CODES DIVISION

MCC-256-77  
MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE  
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: \_\_\_\_\_

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation:		City	County	Zip
1. <u>1/2 mile up South Bank Rd. Chetco</u>				
Directions to Mobile Home Installation:				
2.				
Is Mobile Home W/In City Limits		On Private Property		In a Mobile Home Park
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner	Address	City	Phone No.	
6. <u>Sianna Keays P.O. Box 1246 Brookings</u>				
Dealer-Installer	Address	City	Phone No.	
7. <u>Leas 9/14 - Cass Bay</u>				
Accessory-Installer	Address	City	Phone No.	
8.				
9. Describe Work: Install Mobile Home <input 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
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>Sianna Keays</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		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	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		CK	<u>CASH</u>	M.O. \$ <u>25</u>
APPLICATION APPROVED BY: <u>Babbill</u>		DATE PERMIT ISSUED: <u>12-1-77</u>		
Part 1—Office Copy—White      Part 2—Applicant—Canary      Part 3—Inspector—Blue      Part 4—Auditor—Green      Part 5—Local Government—G-rod				

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