



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MCC-248-77
**MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION**

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC-248-77

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation:		City	County	Zip
1. Sp 34 Timber Estates - Evergreen Dr		Harbor, Ore	Curry	97415
Directions to Mobile Home Installation:				
2. Turn right on Hoffelt Lane to Evergreen				
3. Is Mobile Home W/In City Limits		4. On Private Property		5. In a Mobile Home Park
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Owner Robert Clark & Agnes Clark			Phone No.	
7. Dealer-Installer Sunshine Mobile Homes		Address Rt 1 Box 49 Brookings	City	Phone No. 469-3539
8. Accessory-Installer Bill Roberts		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		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 type="checkbox"/> _____		or		<input checked="" type="checkbox"/> <u>Pat Mabry</u> Sec'y 11/21/77
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 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 type="checkbox"/> PLUMBING
4. <input type="checkbox"/> CABANA \$15	8. <input type="checkbox"/> MECHANICAL
TOTAL CK CASH M.O. . . . \$ 40.00	

APPLICATION APPROVED BY: <u>Garrett</u>	DATE PERMIT ISSUED: <u>11/23/77</u>
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