



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MCC-242-77
MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

TL100 32-14-88D

PERMIT NO: MCC-242-77

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

| | | | | |
|--|---|---|---|---|
| Address of Proposed Mobile Home Installation: | | City | County | Zip |
| 1. <u>Sixes River Rd.</u> | | <u>Sixes</u> | <u>Curry</u> | |
| Directions to Mobile Home Installation: | | | | |
| 2. <u>7 miles up Sixes River Rd from Highway 101 (East) lot #4 Sixes River Estates Subdivision</u> | | | | |
| 3. Is Mobile Home W/In City Limits | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4. On Private Property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. In a Mobile Home Park |
| 6. Owner <u>DeBoyd L. Smith 6248 Firefly Dr San Jose Ca (408) 268-6720</u> | | Phone No. | | |
| 7. Dealer-Installer <u>Gib's Trailer Service 1845 Ocean Blvd Corvallis</u> | | Address | | City |
| 8. Accessory-Installer | | Address | | City |
| 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 checked="" type="checkbox"/> <u>DeBoyd L. Smith 11/14/77</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 type="checkbox"/> SINGLE WIDE (Inc. Tip-Out) \$25 | 5. <input type="checkbox"/> AWNING OR CARPORT . . . \$5 |
| 2. <input checked="" type="checkbox"/> DOUBLE WIDE <u>\$40</u> | 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 <input checked="" type="checkbox"/> CASH M.O. \$ <u>40.00</u> | |

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| APPLICATION APPROVED BY: <u>B. Mill</u> | DATE PERMIT ISSUED: <u>11-17-77</u> |
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