



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MCC-240-77
**MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION**

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC-240-77

COUNTY: _____

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

Address of Proposed Mobile Home Installation:		City	County	Zip
1. <u>HIWAY 101 3 MILES SOUTH</u>		<u>HARBOR</u>	<u>CURRY</u>	<u>97415</u>
Directions to Mobile Home Installation:				
2. <u>BEHIND ELLIS MARKET (ON ELLIS PROPERTY)</u>				
3. Is Mobile Home W/In City Limits <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Owner <u>CLYDE BRAYNARD</u>		Address <u>P.O. Box 2314 HARBOR</u>		Phone No. <u>469-2559</u>
7. Dealer-Installer <u>HARBOR MOBILE HOMES</u>		Address <u>P.O. Box 2415 HARBOR</u>		Phone No. <u>469-2417</u>
8. Accessory-Installer <u>COAST TRAILER TOWING CORP.</u>		Address <u>Box 658 COOS BAY</u>		Phone No. <u>267-6626</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 <u>AFTER 11-17-77</u>		Manufacturer of Mobile Home <u>BARRINGTON</u>		Size of Mobile Home <u>24 X 48</u>
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"/> _____ (Date)		or <input checked="" type="checkbox"/> <u>Bob Ogden</u> (Date) <u>11/11/77</u>		

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 <u>CK</u> CASH M.O. \$ <u>40</u>	

APPLICATION APPROVED BY: [Signature] DATE PERMIT ISSUED: 11/17/77