



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MCC-238-77
MOBILE HOME/MOBILE HOME ACCESSORY STRUCTURE
INSTALLATION PERMIT APPLICATION

WHEN APPROVED THIS APPLICATION IS YOUR PERMIT

PERMIT NO: MCC-238-77

COUNTY: Curry

APPLICANT TO COMPLETE NUMBERED SPACES ONLY:

1. Address of Proposed Mobile Home Installation:		City	County	Zip
Hi way 101 & Main St		Langlois	Or	95450
2. Directions to Mobile Home Installation: Langlois Trailer Court				
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
6. Owner: Ruth Hiltbrand		City: Langlois	Phone No.: 348-2255	
7. Dealer-Installer		Address	City	Phone No. Bldr. Bd. Reg. No.
8. Accessory-Installer		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.				10x50
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"/> Ruth Hiltbrand		<input type="checkbox"/>		11/17/77
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: 3 tiedowns on each side			

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		<input checked="" type="checkbox"/> CASH	M.O. \$ 25.00

APPLICATION APPROVED BY: *Harrell* DATE PERMIT ISSUED: 11/17/77