



STATE OF OREGON
DEPARTMENT OF COMMERCE
BUILDING CODES DIVISION

MCC-125-77
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:

1. Address of Proposed Mobile Home Installation:		City	County	Zip
2. Directions to Mobile Home Installation:				
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	Phone No.			
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
12. * Date Inspection Is Requested	Manufacturer of Mobile Home		Size of Mobile Home	
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"/> <u>Robert Hatch</u> Signature of Owner (Date)		or <input type="checkbox"/> _____ 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	\$15	8. <input type="checkbox"/> MECHANICAL	_____
TOTAL		<input checked="" type="checkbox"/> CASH	M.O. \$ <u>25⁰⁰</u>

APPLICATION APPROVED BY: M. Stanton DATE PERMIT ISSUED: 6/24/77

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PLUMBING PERMIT APPLICATION

Jurisdiction of CURRY

Applicant to complete numbered spaces only.

JOB ADDRESS: SAUNDERS CREEK

1 LEGAL DESCR. LOT NO. 2601 BLK TRACT 36-14-21 (SEE ATTACHED SHEET)

2 OWNER Robert Hatch MAIL ADDRESS Rt. 1 Box 10-G ZIP 247-7989 PHONE 247-7989

3 CONTRACTOR MAIL ADDRESS PHONE LICENSE NO.

4 ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO.

5 ENGINEER MAIL ADDRESS PHONE LICENSE NO.

6 LENDER MAIL ADDRESS BRANCH

7 USE OF BUILDING MOBILE HOME

8 Class of work: NEW ADDITION ALTERATION REPAIR

9 Describe work: 1000 GAL TANK

JOB ADDRESS
OWNER
Robert Hatch
Sanders Creek

MCC-33P-77

6-24-77

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY PLANS CHECKED BY APPROVED FOR ISSUANCE BY
M. Hamlin

NOTICE

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)
Robert Hatch

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

PERMIT FEES		
No.	Type of Fixture or Item	Fee
	WATER CLOSET (TOILET)	\$
	BATHTUB	
	LAVATORY (WASH BASIN)	
	SHOWER	
	KITCHEN SINK & DISP.	
	DISHWASHER	
	LAUNDRY TRAY	
	CLOTHES WASHER	
	WATER HEATER	
	URINAL	
	DRINKING FOUNTAIN	
	FLOOR--SINK OR DRAIN	
	SLOP SINK	
	GAS SYSTEMS: NO. OUTLETS	
	WATER PIPING & TREATING EQUIP.	
	WASTE INTERCEPTOR	
	VACUUM BREAKERS	
	LAWN SPRINKLER SYSTEM	
	SEWER	
	CESSPOOL	
1	SEPTIC TANK & PIT	10 00
1	WATER HOOD-UP	5 00
	PERMIT	\$
	TOTAL FEE	\$ 15 00

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

