



**Department of Planning and Community Development  
Building Permits Division**

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WRITE LEGIBLY AND SEE OTHER SIDE FOR ADDITIONAL DOCUMENTATION NEEDED

**APPLICATION FOR INSTALLATION OF A MANUFACTURED HOME**

<b>JOB SITE ADDRESS</b> _____ CITY _____ ZIP _____ LOT _____ SUBDIVISION _____	NEAREST CROSS STREET _____ APN _____ - _____ - _____
<b>OWNER NAME</b> _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____	<b>CONTRACTOR NAME</b> _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ CONTRACTORS LICENSE # _____ CLASS _____ WORKERS COMP? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>APPLICANT</b> NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____	<b>CONTACT PERSON</b> NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____
<b>PARCEL DATA</b> REPLACEMENT DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO    EXISTING DWELLING ON PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO SEWER <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE    WATER <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE FIRE HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO    FLOOD ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO    WILLIAMSON ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>MOBILE HOME DATA</b> MANUFACTURER: _____ MODEL _____ YEAR _____ SQ FT _____ NUMBER OF BEDROOMS: _____ NUMBER OF BATHROOMS _____ SERIAL NUMBERS _____ STATE INSIGNIA NUMBER _____ UNIT 1: _____ UNIT 2: _____ UNIT 3: _____	
<b>BY SIGNING &amp; DATING APPLICATION, APPLICANT ACKNOWLEDGES</b> 1) PERMIT AND APPLICATION FEES ARE NON REFUNDABLE BEGINNING 180 DAYS AFTER FEE PAYMENT. 2) ONLY A PROPERTY OWNER OR LICENSED CONTRACTOR ( <b>NOT A TENANT OR LESSEE</b> ) MAY BE ISSUED A PERMIT APPLICANT'S SIGNATURE _____ DATE _____ THIS APPLICATION <b>SHALL EXPIRE 180 DAYS</b> FROM THE APPLICATION DATE	
PERMIT # BLD20 _____ - _____    PC FEE _____    DATE _____    REC'D BY _____	

