



PINAL COUNTY COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
MANUFACTURED HOME / PARK MODEL /MODULAR PERMIT
APPLICATION

PERMIT #

MANUFACTURED HOME \_\_\_\_\_ PARK MODEL \_\_\_\_\_ MODULAR HOME \_\_\_\_\_ ZONING ONLY FOR ADOH \_\_\_\_\_

1. HOME/UNIT OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

2. JOB/STREET ADDRESS: \_\_\_\_\_

3. PARCEL #: \_\_\_\_\_

4. MOBILE HOME/RV PARK: \_\_\_\_\_ SPACE # \_\_\_\_\_

5. PROPERTY OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

6. INSTALLER: \_\_\_\_\_ LICENSE# \_\_\_\_\_ PHONE \_\_\_\_\_
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

\*\*Unless the Installer possesses an I10G license, the Subcontractor Supplemental Form found on the reverse side of this application MUST be filled out for the installation of accessory structures.\*\*

Received & verified by:

7. SETBACKS: FRONT \_\_\_\_\_ LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_ REAR \_\_\_\_\_

\*The setbacks should be measured from either the property line or future road right-of-way, whichever is more restrictive.\*

8. IS THERE A WASH/WATER COURSE ON THE PROPERTY? YES NO DISTANCE \_\_\_\_\_ INITIAL \_\_\_\_\_

9. OUTSIDE LIGHTING? \_\_\_\_\_ \*\*IF YES, LIGHTS MUST BE SHIELDED

10. NAME OF UTILITY COMPANY: SEWER \_\_\_\_\_ PROPANE: YES NO GAS \_\_\_\_\_
ELEC \_\_\_\_\_ WATER \_\_\_\_\_ WELL: YES OR NO SEPTIC \_\_\_\_\_

11. EXISTING USE OF PROPERTY: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

12. MANUFACTURER: \_\_\_\_\_ SERIAL #: \_\_\_\_\_
SIZE: \_\_\_\_\_ YEAR: \_\_\_\_\_ Circle one: Single-Wide \* Double-Wide \* Triple-Wide \* Other: \_\_\_\_\_
NO. OF BEDROOMS \_\_\_\_\_

13. ACCESSORIES: AWNING/PATIO (SIZE) \_\_\_\_\_ CARPORT (SIZE) \_\_\_\_\_
SKIRTING TYPE \_\_\_\_\_ STORAGE ROOM (SIZE) \_\_\_\_\_

\*\*\*\*\*
MANUFACTURED HOMES: THE PERMIT INCLUDES THREE (3) SITE VISITS. MULTIPLE INSPECTIONS CAN BE SCHEDULED PER SITE VISIT. ANY ADDITIONAL INSPECTION REQUIRED FOR COMPLIANCE WILL BE \$50.00 PER INSPECTION. COUNTY USE PERMITS AND STREET ADDRESSING FEES ARE EXTRA.
PARK MODELS: THE PERMIT INCLUDES THE PARK MODEL, AWNING & SHED IF APPLICABLE, AND THREE (3) SITE VISITS. ANY ADDITIONAL INSPECTION REQUIRED FOR COMPLIANCE WILL BE \$50.00 PER INSPECTION.

I UNDERSTAND THAT THE MANUFACTURED HOME, PARK MODEL MAY NOT BE INSTALLED OR OCCUPIED PRIOR TO ISSUANCE OF THIS PERMIT. FURTHERMORE, I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE INSTALLATION. FAILURE TO OBTAIN ALL NECESSARY PERMITS OR DISAPPROVAL MAY RESULT IN THE UNIT HAVING TO BE REMOVED FROM THE SITE.

I HEREBY CERTIFY THAT THIS APPLICATION AND ALL SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME SIGNATURE OF OWNER/AGENT DATE OF APPLICATION

CONTACT PERSON TO CALL WHEN PERMIT IS READY FOR PICK-UP PHONE NUMBER and/or EMAIL ADDRESS

SPECIAL CONDITIONS: \_\_\_\_\_ Pick up permit at: AJ ORACLE FLOR CG

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

AREA N S E W Impact fees:
NON-CONF \_\_\_\_\_ IFA AREA \_\_\_\_\_ Category \_\_\_\_\_ ZONING FEE \_\_\_\_\_
ZONE \_\_\_\_\_ Livable \_\_\_\_\_ Total: \_\_\_\_\_ PERMIT FEES \_\_\_\_\_
ZONING CLEARANCE FOR SEPTIC ISSUED: YES NO \_\_\_\_\_ Parks \_\_\_\_\_ Credits \_\_\_\_\_ FLOOD FEES \_\_\_\_\_
P/S: \_\_\_\_\_
CCO \_\_\_\_\_ Streets \_\_\_\_\_ ADDRESSING FEES \_\_\_\_\_

Permit Number: \_\_\_\_\_

**MANUFACTURED HOME INSTALLATION PERMIT APPLICATION  
SUBCONTRACTOR SUPPLEMENTAL FORM**

Please list below all licensed subcontractors associated with the installation & accessory structures of the manufactured home:

**IF THERE WILL NOT BE ANY SUBCONTRACTORS, PLEASE CIRCLE N/A AND INITIAL BOX:**

N/A

INITIAL: \_\_\_\_\_

**Contractor's Company name:** \_\_\_\_\_  
License #: \_\_\_\_\_ License classification: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Check work being performed:  Electric  Plumbing  Gas  Mechanical  
 Accessory Structure -Type: \_\_\_\_\_  
 Other: \_\_\_\_\_ **Staff verification:** \_\_\_\_\_

**Contractor's Company name:** \_\_\_\_\_  
License #: \_\_\_\_\_ License classification: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Check work being performed:  Electric  Plumbing  Gas  Mechanical  
 Accessory Structure -Type: \_\_\_\_\_  
 Other: \_\_\_\_\_ **Staff verification:** \_\_\_\_\_

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 Accessory Structure -Type: \_\_\_\_\_  
 Other: \_\_\_\_\_ **Staff verification:** \_\_\_\_\_

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License #: \_\_\_\_\_ License classification: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Check work being performed:  Electric  Plumbing  Gas  Mechanical  
 Accessory Structure -Type: \_\_\_\_\_  
 Other: \_\_\_\_\_ **Staff verification:** \_\_\_\_\_