



STATE OF ARIZONA DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
Office (602) 771-1000 Fax (602) 771-1002
www.azhousing.gov

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

OWNER INFORMATION			
Name		Email Address	
Phone Number	Mailing Address: (Please include City, State and Zip Code)		
INSTALLATION ADDRESS			
Address	City	State AZ	Zip Code
UNIT INFORMATION			
Unit Manufacturer	Serial Number	Date of Mfg or Year	Size
<input type="checkbox"/> FLOOD ZONE PLAN # _____		<input type="checkbox"/> OTHER APPROVED PLAN # _____	
PROPERLY LICENSED ENTITY(S) PERFORMING WORK			
UNIT INSTALLER <i>Check box for work being performed</i>			
<input type="checkbox"/> FOUNDATION SYSTEM <input type="checkbox"/> WATER <input type="checkbox"/> SEWER/ SEPTIC <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER _____			
Company Name	License Number	Classification	Phone Number
Email Address:			
Address: (Please include City, State & Zip Code)			
ACCESSORY INSTALLER <i>Check box for work being performed</i>			
<input type="checkbox"/> AWNING <input type="checkbox"/> SKIRTING <input type="checkbox"/> STEM WALL <input type="checkbox"/> PORCH, DECK, STEPS <input type="checkbox"/> HVAC (Mechanical) <input type="checkbox"/> OTHER _____			
Company Name	License Number	Classification	Phone Number
Email Address			
Address (Please include City, State & Zip Code)			
To add additional Installers and/or Contractors, please use Subcontractor Supplement Form (Page 3 of 3)			
DEALER INFORMATION			
Company Name	License Number	Classification	Phone Number
Email Address	Address: (Please include City, State & Zip Code)		
PERMIT PURCHASER INFORMATION			
Applicant Name		Date Completed:	
Email Address			
THIS SECTION IS FOR OFFICE USE ONLY			
Permit Number:	Issue Date:	Issued By:	Permit Fee:
	Check #:	Receipt # :	

DISPLAY IN FRONT WINDOW FOR INSPECTION



STATE OF ARIZONA
DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
Office (602) 771-1000 Fax (602) 771-1002
www.azhousing.gov

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

PRE-HUD INFORMATION

If the home is PRE-HUD this information must be provided
(Pre-HUD) refers to any mobile home built prior to June 15, 1976

Address mobile home came from: (Please include City, State & Zip Code)

Horizontal lines for address input

Manufactured/Mobile Home Park

Private Property

Rehabilitation Certificate/Insignia number (if applicable):

Certificate of Occupancy will be sent upon request

PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUE

Manufactured Home may not be occupied
until all required inspections have been performed and approved.

This permit provides for 3 inspections,
one of which is reserved for accessory structures, if applicable.
Any additional inspections will be charged at the rate of \$82.00 per hour, plus mileage.

IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO
CALL FOR ALL REQUIRED INSPECTIONS AND REINSPECTIONS

DISPLAY IN FRONT WINDOW FOR INSPECTION

THIS SECTION IS FOR OFFICE USE ONLY

Permit Number:

Note/Comment:



STATE OF ARIZONA
DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
Office (602) 771-1000 Fax (602) 771-1002
www.azhousing.gov

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

SUBCONTRACTOR SUPPLEMENT FORM

Please list all licensed subcontractors associated with the installation / accessory structures of the manufactured/mobile home (electrical, plumbing etc.).

Contractor's Company Name

License Number License Classification Phone Number

Email Address

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE

OTHER

Contractor's Company Name

License Number License Classification Phone Number

Email Address

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE

OTHER

Contractor's Company Name

License Number License Classification Phone Number

Email Address

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE

OTHER

Contractor's Company Name

License Number License Classification Phone Number

Email Address

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE

OTHER

DISPLAY IN FRONT WINDOW FOR INSPECTION

THIS SECTION IS FOR OFFICE USE ONLY

Permit Number:

Note/Comment: