



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007



MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

Check Utility	Check Attached Accessory Structure on your contract	
<input type="checkbox"/> WATER	<input type="checkbox"/> AWNING	<input type="checkbox"/> COOLER or AC SYSTEM
<input type="checkbox"/> SEWER / SEPTIC	<input type="checkbox"/> GARAGES	<input type="checkbox"/> APPROVED PLAN #
<input type="checkbox"/> GAS	<input type="checkbox"/> PORCH	<input type="checkbox"/> FLOOD ZONE PLAN #
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> SKIRTING/RETAINING	<input type="checkbox"/> OTHERS

Owner Information			
Name		Email Address	
Phone Number		Mailing Address: (Please include City, State and Zip Code)	
Installation Address			
Address		City	State AZ
Zip Code			
Description			
Unit Manufacturer	Serial Number	Date of Mfg or Year	Size
Installer Information			
(List all licensed subcontractors on Supplement Form)			
Company Name		License Number	Classification
Phone Number		Email Address:	
Address: (Please include City, State & Zip Code)			
Accessory Installer's Name			
(List all licensed subcontractors on Supplement Form)			
Company Name		License Number	Classification
Phone Number		Email Address:	
Address: (Please include City, State & Zip Code)			
Dealer Name			
Company Name		License Number	Classification
Phone Number		Email Address:	
Address: (Please include City, State & Zip Code)			
Permit Purchaser			
Name		Date	
This Section For Office Use Only			
Permit Number:	Issue Date:	Issued By:	Permit Fee:
Check #:	Receipt # :		

Certificate of Occupancy will be sent upon request

PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUE

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



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1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
602-364-1003
FAX 602-364-1052



Permit # _____

APPLICATION FOR MOBILE / MANUFACTURED HOME INSTALLATION PERMIT

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 and Zip Code)

Manufactured/Mobile Home Park

Private Property

Unit Manufacturer _____ Unit Serial # _____

Date of Mfg. _____ Size _____

Unit Installer's Name _____

Unit Installer License # _____ Classification _____



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(602) 364-1052 FAX

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION SUBCONTRACTOR SUPPLEMENT FORM

PERMIT # _____

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 _____