

DOUGLAS A. DUCEY
Governor



MICHAEL TRAILOR
Director

**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

MOBILE HOME REHABILITATION PERMIT APPLICATION

OWNER INFORMATION

Name: _____

Last

First

Telephone Number: _____

Mailing Address: _____

Email Address: _____

MOBILE HOME INFORMATION

Mobile Home Park: _____

Site Address: _____

Space Number: _____

Manufacturer: _____

Make or Model: _____

Year of Manufacture: _____

Size: _____

VIN/Serial Number: _____

PERMIT PURCHASER INFORMATION

Applicant Name: _____

Applicant Email Address: _____

Email address to whom electronic communication from office will be sent

- All rehabilitation work performed must remain open to view for inspection purposes
- A final test must be performed in the presence of the Inspector
- Application fee includes Insignia of Approval and two (2) field inspections;
Additional field inspections are charged at the rate of \$82.00 per hour plus \$0.445 per mile
- If the rehabilitation work will be performed by someone other than the Owner,
Please complete the following information:

Company Name: _____ License Number: _____

Telephone Number: _____ Email Address: _____

FEE IS NON-REFUNDABLE; PERMIT EXPIRES SIX (6) MONTHS FROM DATE OF ISSUE

THIS SECTION IS FOR OFFICE USE ONLY

Permit Number: _____	Issued By: _____	Date Issued: _____	Amount Received: _____
	Check #: _____	Receipt #: _____	