# 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 REHABILIATION 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, refer to Fee Schedule for current fee amount.
- 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 | | | |
|---|---|---|---|
| | Issued By: | Date Issued: | Amount Received: |
| | Check # : | Receipt #: | |