PINAL COUNTY
WIDE OPEN OPPORTUNITY

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

MFG#

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 $150.00 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 $150.00 PER INSPECTION*. (*As allowed by ADOH*)

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
NON-CONF_____
ZONE _____
ZONING CLEARANCE FOR SEPTIC ISSUED: YES NO__
CCO _____

Impact fees:
IFA AREA _____ Category _____
Livable _____ Total: _____
Parks _____ Credits _____
P/S: _____
Streets _____

ZONING FEE _____
PERMIT FEES_____
FLOOD FEES _____
ADDRESSING FEES _____

PINAL COUNTY
COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
85 N FLORENCE ST 1ST FLOOR FLORENCE AZ 85132
PH: 520-509-3555 FAX: 520-866-6517

MFG#:

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:***

Contractor's Company name: _____

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Phone #: _____ Email address: _____

Check work being performed: ☐ Electric ☐ Plumbing ☐ Gas ☐ Mechanical

☐ Accessory Structure -Type: _____

☐ Other: _____ ***Staff verification:***