



MIKE LARA
DIRECTOR

**COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING AND SAFETY**

MOBILE HOME PERMIT APPLICATION

Permit #				Date			
Jobsite Address							Space #
City		State CA	Zip Code		Assessors Parcel Number		
Property Owner's Last Name, First Name					Phone Number		
Permit Use:							
APPLICANT INFORMATION							
<i>Note: As the applicant you will be fiscally responsible for <u>ALL</u> supplemental billings, fees and refunds for any and all permits per Ordinance 671.</i>							
<i>Any changes in applicant information must be made in writing by the original applicant to the Building Department.</i>							
Applicants Last Name:				First			
Mailing Address				City		State	Zip Code
Phone Number ()		Fax Number		Email (optional)			
Check one- <input type="checkbox"/> OWNER BUILDER <input type="checkbox"/> CONTRACTOR							
Contractor -Name				Type	License #		
Mailing Address				City		State	Zip Code
Phone Number ()		Fax Number		Email (optional)			
MOBILE HOME INFORMATION							
Manufacturer:				State Insignia or Model #:			
Year:	Serial #:		Width:		Length:		
HUD#:	A Unit:	B Unit:		C Unit:			
Roof Live Load:				Wind Load:			
FOR OFFICE USE ONLY							
Planning Case #				Parcel/Tract Map #			
Legal Zone			SP/PA			Lot Size	
High Fire – Y/N	Thomas Guide		Assoc Permits				

Permit # _____

SITE PLAN

SITE ADDRESS _____

ASSESSORS PARCEL NUMBER _____

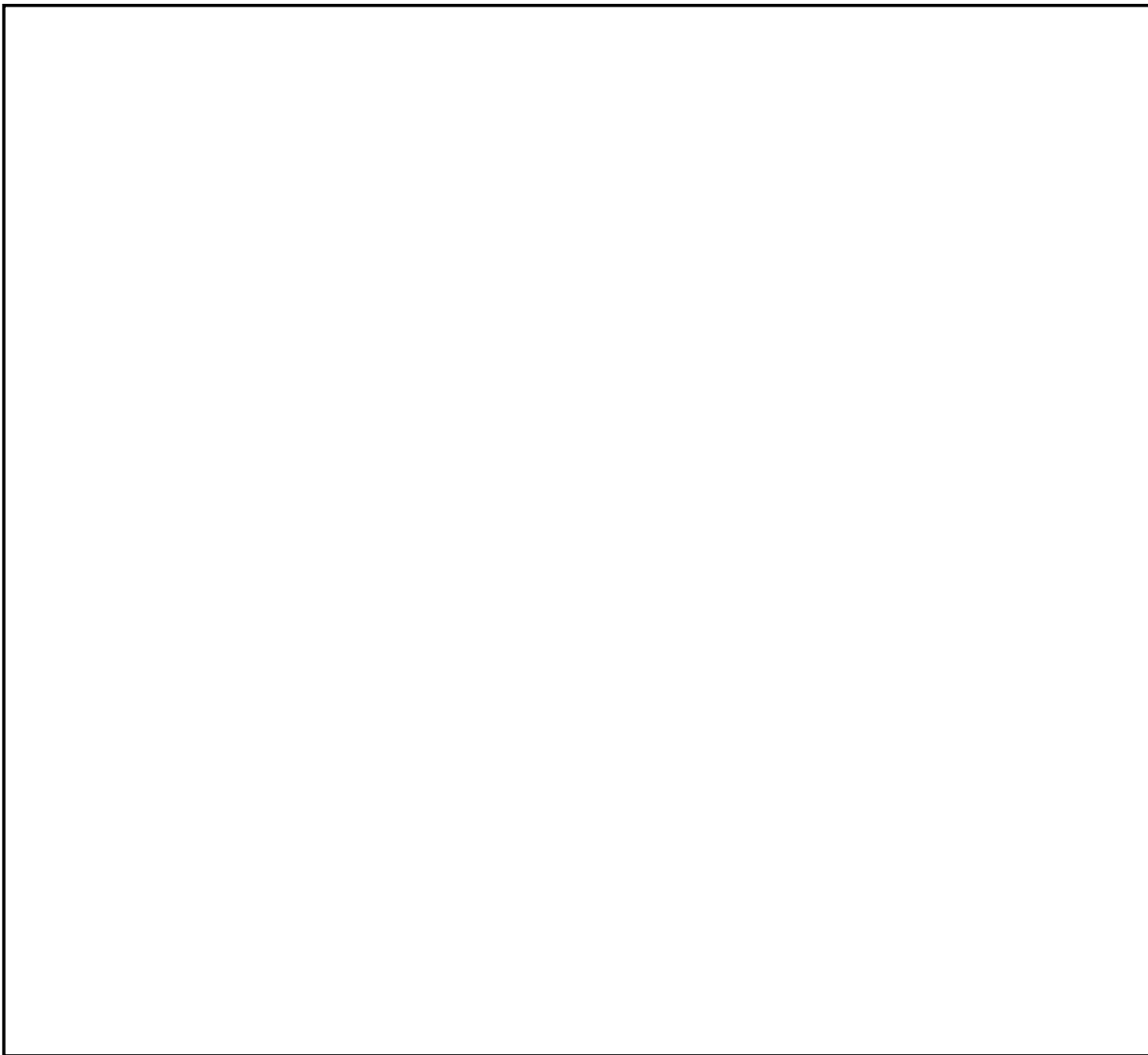
Provide North Arrow

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FRONT PROPERTY LINE