

# PERMIT APPLICATION

I.C. PLANNING & DEVELOPMENT SERVICES DEPT.  
801 Main Street, El Centro, CA 92243 (760) 482-4236

# MOBILE HOME INSTALLATION

COMPLETE ALL NUMBERED SPACES! PLEASE TYPE OR PRINT! Thank You!!!

1.	PROPERTY OWNERS NAME	EMAIL ADDRESS	
2.	MAILING ADDRESS	ZIP CODE	PHONE NUMBER
3.	PROJECT SITE ADDRESS	LOCATION	
4.	ASSESSOR'S PARCEL NO.	LEGAL DESCRIPTION	
5.	DESCRIBE INTENDED USE OF BUILDING OR PROJECT		
6.	NAME OF MANUFACTURE	MODEL TYPE	SERIAL NUMBER
			DATE OF MANUF.
7.	CONTRACTORS NAME	LICENSE NO.	EMAIL ADDRESS
8.	MAILING ADDRESS	ZIP CODE	PHONE NUMBER
9.	ARCHITECT or ENGINEER NAME	LICENSE NO.	EMAIL ADDRESS
10.	MAILING ADDRESS	ZIP CODE	PHONE NUMBER

**WORKERS' COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of self-insurance for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number:  
Policy Number: \_\_\_\_\_ Carrier: \_\_\_\_\_

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and Labor Code, I shall forthwith comply with these provision.

**11 Date:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

**SITE UTILITY DATA**

Gas Type: LPG  Natural

Gas Riser Size \_\_\_\_\_

Gas Riser Material \_\_\_\_\_

Sewer Line Size \_\_\_\_\_

Sewer Line Material \_\_\_\_\_

Electrical Service \_\_\_\_\_ Amps

Water Line Size \_\_\_\_\_

Water Line Materials \_\_\_\_\_

Other: \_\_\_\_\_

Existing Utilities: Yes  No

Pre-Inspection Appr. Yes  No

**MOBILE HOME DATA**

Width \_\_\_\_\_ Length \_\_\_\_\_

Gas Line Size \_\_\_\_\_

Gas Connector Type \_\_\_\_\_

Sewer Connector Type \_\_\_\_\_

Water Connector Type \_\_\_\_\_

Connector-Cord \_\_\_\_\_

Flex Cord \_\_\_\_\_

Other \_\_\_\_\_

Foundation System Yes  No

Eng. Tie Down Sys. Yes  No

12.	SIGNATURE OF OWNER	13.	SIGNATURE OF CONTRACTOR
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ELECTRICAL APP. \_\_\_\_\_

GAS APP. \_\_\_\_\_

FINAL \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

----- APPROVALS -----

Workers' Comp. Ins.	ZONING	Date
Energy Cert. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	E.H.S. (sanitation)	Date
School fee	PUBLIC WORKS	Date
UTILITY PERMIT	FIRE DEPT.	Date
ARCHITECT COMMITTEE	A.P.C.D.	Date

APPLICATION ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

INSTALLATION PMT	
PLAN CHECK	
SMI	
TRANSPORTATION	
SKIRTING	
ZONING REVIEW	
FIRE MITIGATION	
SHERIFF MITIGATION	
ADMINISTRATION	
OTHER	

FEE \$ \_\_\_\_\_