

PERMIT APPLICATION

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

MOBILE HOME PARK APPLICATION

Park I.D. # _____ MOBILE HOME PARK ACCESSORY(ies) MH INSTALL

1. Park Name _____ Address _____
 City / County _____ Zip _____
 Owner _____ Phone _____
 Address _____ Zip _____
 Owner's Email _____
 Contractor _____ Phone _____
 Address _____ Zip _____
 State License No. _____ Email _____
 Architect / Engineer _____ Phone _____
 Address _____ Zip _____
 State License No. _____ Email _____

2. **CONTRACTOR / OWNER BUILDER**

I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.

I certify that I am exempt from Section 7031.5 of the Business And Professional Code, Division 3, Chapter 9, Contractor's License Law, under the following Sections:
 Owner: Section 7044 Minor work under \$100: Section 7048
 Employee working for wages only : Section 7053 Other: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Certificate on file
 Expiration Date _____

EXEMPTION

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 Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he/she shall forthwith comply with the provisions of Section 3700 or his/her permit shall be deemed revoked.

I hereby acknowledge that the information I have provided is correct and agree that all construction shall be in accordance with applicable provisions of this Health and Safety Code, Labor Code, Contractor's License Law, and related Rules and Regulations of the State of California, and I acknowledge it is my responsibility to request all necessary inspections incident to the issuance of this permit and allow entry of authorized personnel to provide such inspections.

Date: _____ Applicant's Signature: _____

3. Description of work _____

4. **MOBILE HOME ASSESSORY STRUCTURES**

New Reinstall Standard Plan Approval No. _____

Awning Carport Porch Cabana Other

Owner / Tenant _____ Lot No. _____

No.	Description	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **MOBILE HOME INSTALLATION**

Owner / Tenant _____ Lot No. _____
 Serial No. _____ Date of Manuf. _____
 Description _____
 Insignia or HUD Label No. _____

6. **Park Approval**

Park Manager's Signature
(SIGNATURE REQUIRED)

Department Process Record

DATE REC'D _____
 REC'D BY _____

Approvals

PLANNING _____
 FIRE _____
 HEALTH _____
 PUBLIC WORKS _____
 BUILDING _____

PERMANENT TIE DOWN
 TIE DOWN SYSTEM

Permit Fees

MH ACC(s) _____
 MP _____
 BLDG _____
 MHI _____
 TRANSPORTATION _____
 MISC. _____
 PLAN CHECK _____
 S.M.I. _____
 ISSUANCE _____
 TOTAL _____

Permit No. _____

Receipt No. _____

Issued _____

Expires _____