



Town of Wickenburg

Community Development Department

155 N Tegner St., Ste. C

Wickenburg, Arizona 85390

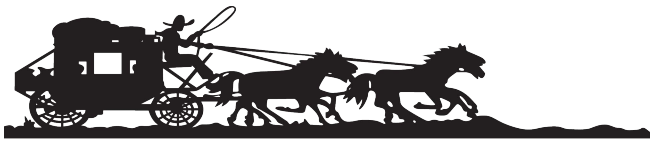
928-668-0513

Email: buildingpermits@wickenburgaz.org

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

OWNER INFORMATION			
Name		Email Address	
Phone Number		Mailing Address: (Please include City, State and Zip Code)	
INSTALLATION ADDRESS			
Address		City Wickenburg	State AZ
		Zip Code 85390	
UNIT INFORMATION			
Unit Manufacturer		Serial Number	Date of Mfg or Year
			Size
<input type="checkbox"/> FLOOD ZONE PLAN # _____		<input type="checkbox"/> OTHER APPROVED PLAN # _____	
PROPERLY LICENSED ENTITY(S) PERFORMING WORK			
UNIT INSTALLER <i>Check box for work being performed</i>			
<input type="checkbox"/> FOUNDATION SYSTEM <input type="checkbox"/> WATER <input type="checkbox"/> SEWER/ SEPTIC <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER _____			
Company Name		License Number	Classification
			Phone Number
Email Address:			
Address: (Please include City, State & Zip Code)			
ACCESSORY INSTALLER <i>Check box for work being performed</i>			
<input type="checkbox"/> AWNING <input type="checkbox"/> SKIRTING <input type="checkbox"/> STEM WALL <input type="checkbox"/> PORCH, DECK, STEPS <input type="checkbox"/> HVAC (Mechanical) <input type="checkbox"/> OTHER _____			
Company Name		License Number	Classification
			Phone Number
Email Address			
Address (Please include City, State & Zip Code)			
To add additional Installers and/or Contractors, please use Subcontractor Supplement Form (Page 3 of 3)			
DEALER INFORMATION			
Company Name		License Number	Classification
			Phone Number
Email Address		Address: (Please include City, State & Zip Code)	
PERMIT PURCHASER INFORMATION			
Applicant Name		Date Completed:	
Email Address			
THIS SECTION IS FOR OFFICE USE ONLY			
Permit Number:		Issue Date:	Issued By:
			Permit Fee:
		Check #:	Receipt # :

DISPLAY IN FRONT WINDOW FOR INSPECTION



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PRE-HUD INFORMATION

If the home is PRE-HUD this information must be provided

(Pre-HUD) refers to any mobile home built prior to June 15, 1976

Address mobile home came from: (Please include City, State & Zip Code)

Manufactured/Mobile Home Park

Private Property

Rehabilitation Certificate/Insignia number *(if applicable)*: _____

Certificate of Occupancy will be sent upon request

PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUE

**Manufactured Home may not be occupied
until all required inspections have been performed and approved.**

IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO

CALL FOR ALL REQUIRED INSPECTIONS AND REINSPECTIONS

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Permit Number:

Note/Comment:

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MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

SUBCONTRACTOR SUPPLEMENT FORM

Please list all licensed subcontractors associated with the installation / accessory structures of the manufactured/mobile home (electrical, plumbing etc.).

Contractor's Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

Contractor's Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

Contractor's Company Name _____

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