

# MANUFACTURED HOME PERMIT APPLICATION



**City of White Salmon**  
**P.O. Box 2139**  
**White Salmon, WA 98672**  
**Phone (509)493-1133**  
**Fax (509) 493-1231**

PERMIT#
DATE RECEIVED:
DATE ISSUED:

Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

PHYSICAL ADDRESS				Owner Address Physical	
LEGAL DESCR	LOT NO.	BLK	TRACT <input type="checkbox"/> SEE ATTACHED SHEET		
OWNER		MAIL ADDRESS	ZIP		PHONE
CONTRACTOR		MAIL ADDRESS	PHONE		LICENSE NO.
INSTALLER		MAIL ADDRESS	PHONE		WAINS#
MANUFACTURED HOME DEALER		MAIL ADDRESS	PHONE		LICENSE NO.
<input type="checkbox"/> Single Wide Manufactured Home	<input type="checkbox"/> Double Wide Manufactured Home	<input type="checkbox"/> Residential	<input type="checkbox"/> Triple Wide Manufactured Home		<input type="checkbox"/> Quad Wide Manufactured Home
<input type="checkbox"/> Commercial	<input type="checkbox"/> Replacement	<input type="checkbox"/> Temporary	<input type="checkbox"/> Change of Use/Occ		
Describe work					
Change of use from:					
Change of use to:					
For detailed information regarding installation rules & required certifications: <a href="http://www.lni.wa.gov/TradesLicensing/FAS/Mobile/default.asp">http://www.lni.wa.gov/TradesLicensing/FAS/Mobile/default.asp</a>  Other applications/permits you may need: •Carport/Garage                      •Decks/Patio Cover •Wood/Pellet Stove                  •Mechanical Gas/Heat Pump •Acc Bldgs over 120sq'              •Retaining wall					
Washington Department of Labor & Industries (L & I) inspects the assembly of factory-constructed structures for manufacturers in Washington State. Factory-constructed structures assembled in other states would be inspected by the state agency acting for HUD. Site installation requirements and inspections are the responsibility of the local jurisdiction where the structure is to be located. <b>Revised code of Washington 43.22A requires certification of manufactured home installers.</b>  I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.					
				<b>THIS SECTION FOR OFFICE USE ONLY</b>	
Fire Zone		Use Zone		No. of Dwelling Units	
OFF STREET PARKING SPACES					
Covered:		Uncovered:			
Special Approvals	Required	Received	Not Required		
ZONING					
HEALTH DEPT.					
FIREDEPT.					
SOIL REPORT					
OTHER (Specify)					
<b>Mobile Home Information:</b> Year of Mobile Home: _____ Size: _____ Make: _____ Model: _____ Vin Number: _____ Wains # _____ Existing number of bedrooms: _____ Bathrooms: _____ Proposed number of bedrooms: _____ *If unit is 1976 or older approval from L & I is required* Fees - All fees must be paid prior to issuance of all permits.					
SWMH (\$500.00)		\$			
DWMH (\$650.00)		\$			
TWMH (\$750.00)		\$			
QWMH (\$850.00)		\$			
WA State Fee (\$4.50)*		\$			
Other Fee		\$			
<b>TOTAL</b>		\$			
<b>TOTAL PAID</b>		\$			
<b>BALANCE DUE</b>		\$			
SIGNATURE & DATE OF CONTRACTOR OF AUTHORIZED AGE					
SIGNATURE & DATE OF OWNER (IF OWNER BUILDER)					