

## Manufactured/Mobile Home Permit Application

Date:			
Project Name:			
Project Address:			
Building #:	Floor: Suit	e/Space #:	Tract #:
Project Square Footage:	Proj	ect Valuation: \$	
Description of Work: This permit is for zoning ordinance requirements must be obtained from 1110 West Washington Street, S	om the State Department of Fire uite 100; Phone (602)-771-1000	e, Building and Life Safety, Off	fice of Manufactured Housing,
Space/Lot #: Unit Ser	ial #: On-	site Retention Req:   No	Yes; Vol:cu ft.
Owner Information:			
Owner/Business Name:			
Address:	City:	State:	Zip Code:
Contact Person:	P	hone:	Fax:
Contractor Information:			
Business Name:			
Address:	City:	State:	Zip Code:
Contact Person:	P	hone:	Fax:
Local Business (Phoenix PLT) #:			
State Tax #:	State License C	Class and Number (ROC):	
Applicant Signature: Check One: Owner	☐ Contractor ☐ Other _		
X:		Print Name:	
Address:	City:	State:	Zip Code:
Company Name:			
D			
Permit Type: <b>MHZ</b> Permit #			
Project Number:	CITA	□ No C of O □ Ye	es 🗌 No
Census: C	tr. Sec:	Council Dist.:	Zoning:
Units: 0 Occupancy: I:R-3	• •	Scope Code: MH ON-SITE	
Review Fee Code:	Fee:	Permit Fee Code: MHZ*	Fee:
		Tota	al:

An applicant may receive a clarification from the city of its interpretation or application of a statute, ordinance, code or authorized substantive policy statement. To request clarification or to obtain further information on the application process and applicable review time frames, please call 602-262-7811, TTY use 7-1-1 or visit our website at <a href="https://www.phoenix.gov/pdd/licensing-time-frames">https://www.phoenix.gov/pdd/licensing-time-frames</a>.