



SAM SHAHROURI
DEPUTY DIRECTOR OF TLMA
BUILDING OFFICIAL

COUNTY OF RIVERSIDE DEPARTMENT OF BUILDING AND SAFETY

MANUFACTURED HOME PERMIT APPLICATION

Permit #				Date	
Jobsite Address					Space #
City		State CA	Zip Code	Assessors Parcel Number	
Property Owner's	Last Name	First Name	Phone Number		
Permit Use:			Lot on Septic?	YES	NO
APPLICANT INFORMATION					
<i>Note: As the applicant you will be fiscally responsible for ALL supplemental billings, fees and refunds for any and all permits per Ordinance 671. Any changes in applicant information must be made in writing by the original applicant to the Building Department.</i>					
Applicant's Last Name			First Name		
Mailing Address			City	State	Zip Code
Phone Number ()		Fax Number ()		Email	
Contractor - Name			Type	License #	
Mailing Address			City	State	Zip Code
Phone Number ()		Fax Number ()		Email	
MANUFACTURED HOME INFORMATION					
Manufacturer:			State Insignia or Model #:		
Year:		Serial#:		Width:	Length:
HUD#:	A Unit:		B Unit:		C Unit:
Roof Live Load:			Wind Load:		

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Planning Department, Fire Department, Environmental Health Department, and any other agencies indicated on the department clearances are required prior to the issuance of the building/grading permit. I hereby choose to submit plans for building/grading plan check prior to obtaining the necessary department clearances. Furthermore, I am aware that if the building/grading plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the charges from Building and Safety Department for review of plans are not refundable. I understand that additional plan check fees may apply if the plans submitted are modified in order to obtain approvals from other agencies.