

Department of Planning and Community Development Building Permits Division

1010 10th Street, Suite 3400 Modesto, CA 95354 Phone: 209.525.6557 Fax: 209.525.7759

WRITE LEGIBLY AND SEE OTHER SIDE FOR ADDITIONAL DOCUMENTATION NEEDED

APPLICATION FOR INSTALLATION OF A MANUFACTURED HOME NEAREST CROSS STREET JOB SITE ADDRESS APN ______ - _____ - ______ ZIP_____ CITY_____ LOT SUBDIVISION CONTRACTOR NAME _____ MAILING ADDRESS OWNER NAME _____ CITY, STATE _____ ZIP_____ MAILING ADDRESS PHONE () FAX () CITY, STATE _____ ZIP_____ CONTRACTORS LICENSE # PHONE () FAX () CLASS WORKERS COMP? DYES DNO CONTACT PERSON APPLICANT NAME NAME MAILING ADDRESS _____ MAILING ADDRESS ZIP ZIP CITY, STATE CITY, STATE PHONE (_____ FAX (___)_____ PHONE (_____ FAX (___)_____ PARCEL DATA REPLACEMENT DWELLING? DYES DNO EXISTING DWELLING ON PROPERTY? DYES DNO SEWER DPUBLIC DPRIVATE WATER DPUBLIC DPRIVATE FIRE HAZARD AREA? DYES DNO FLOOD ZONE? DYES DNO WILLIAMSON ACT? DYES DNO MOBILE HOME DATA _____ MODEL _____ YEAR ______ MANUFACTURER: SQ FT NUMBER OF BEDROOMS: NUMBER OF BATHROOMS SERIAL NUMBERS STATE INSIGNIA NUMBER UNIT 1: UNIT 2: UNIT 3: BY SIGNING & DATING APPLICATION. APPLICANT ACKNOWLEDGES 1) PERMIT AND APPLICATION FEES ARE NON REFUNDABLE BEGINNING 180 DAYS AFTER FEE PAYMENT. 2) ONLY A PROPERTY OWNER OR LICENSED CONTRACTOR (NOT A TENANT OR LESSEE) MAY BE ISSUED A PERMIT APPLICANT'S DATE SIGNATURE THIS APPLICATION SHALL EXPIRE 180 DAYS FROM THE APPLICATION DATE PERMIT # BLD20 -_____ PC FEE _____ DATE _____ REC'D BY _____

STANISLAUS COUNTY – MANUFACTURED HOME APPLICATION CHECKLIST

This checklist is to provide you with a guide to the documents and quantities of documents, which will be needed to process your application. This list may not be all-inclusive as each project is unique within itself. If you have any questions or would like personal assistance with this form, please call (209) 525-6557 Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

All plans except site plan are to be drawn to a minimum 1/4" scale on 11" x 17" or larger unlined non grid paper.

		OFFICIAL USE ONLY	
	Site Plan Drawn To Scale – Show Complete Parcel with all Dimensions; Location of Proposed Work; Driveway Location and Width; Easements; The Direction North; Well Location; Existing and proposed Septic System; All Setbacks from: Property Lines, Existing Structures, Pools, Septic System, Etc.		
	(3 Sets) Floor Plan - Label use of all rooms (3 Sets)		
	Foundation - Engineered Tie-Down System Details (2 sets)		
	Elevations - Front, Both Sides and Back (3 sets)		
	Marriage Line Details – for multiple unit setup (2 Sets)		
	Grant Deed - Recorded copy that shows the parcel split date and legal description – All pages		
	Proof of Ownership – Manufacture Certificate of Origin, Current Title or Registration		
	Assessor's Statement of Status – Completed Form – This may be obtained from Stanislaus County Building Department		
	Forms 433 A & 433 B – Completed Form - This may be obtained from Stanislaus County Building Department		
	Assessor Records – complete copies. These may be obtained from Stanislaus County Assessor's Office 525-6461		
	For Residential Projects – Aerobic Septic System (for parcels created after 7/13/90 and less than ten acres). Engineered system required under special circumstances - DER Requirements 525-6700		
	Property Owner's Package – Required to be completed for all owner/builder permits		
	Flood Zone Area – Provide elevation certificate		
	Williamson Act - Land owner statement		
BELOW FOR OFFICIAL USE ONLY			

By signing below, I am acknowledging that I understand the items marked in the above shaded area are still required to process my building permit application. Processing and/or Department reviews may be incomplete or delayed until the items marked above are submitted.

Print Name	Signature
Title	Date
Clerk Initials:	Case Number BLD20
Project Address:	