



City of Airway Heights  
 1208 S. Lundstrom Street  
 Airway Heights, WA 99001  
 Phone (509) 244-5514  
 Fax (509) 413-1382  
 www.cawh.org

<b>(STAFF USE ONLY)</b>	
PERMIT NUMBER:	_____
PERMIT FEE:	_____
CITY BUSINESS LICENSE #:	_____

## MANUFACTURED HOME PLACEMENT PERMIT APPLICATION

### JOB SITE INFORMATION

Site Address: \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_

### PROPERTY OWNER CONSENT INFORMATION

Are you the owner of the land/lot where the manufactured home will be located?  Yes  No

If you are not the land/lot owner you will need to submit a completed Landowner/Agent Consent Form with this application.

### MOBILE HOME PARK INFORMATION

Is the site in a mobile home park?  Yes  No

If you are locating the manufactured home within a mobile home park please specify below:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aero Mobile Home Park        | <input type="checkbox"/> All Seasons Mobile Home Park | <input type="checkbox"/> Campbell Mobile Home Park "A" | <input type="checkbox"/> Campbell Mobile Home Park "B" |
| <input type="checkbox"/> Crestwood Mobile Home Park   | <input type="checkbox"/> Lawson Mobile Home Park      | <input type="checkbox"/> Rainbow Mobile Home Park      | <input type="checkbox"/> Sands Mobile Home Park        |
| <input type="checkbox"/> West Plains Mobile Home Park |   |  |  |

### BUILDING OWNER/APPLICANT

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

### CONTRACTOR/INSTALLER (if applicable)

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contractor License #: \_\_\_\_\_ Installer Certification (WAINS) #: \_\_\_\_\_

### MANUFACTURED HOME DETAILS

Single-wide  Double-wide

Manufacturer: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
 HUD Serial #: \_\_\_\_\_ Roof Snow Load: \_\_\_\_\_ psf  
 Class of Work:  New  Replacement Type of Heating:  Electric  Gas  Oil

### NOTICE

A separate permit is required for electrical through State of Washington Department of Labor & Industries. This application for a permit shall be deemed abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. The Building Official/designee is authorized to grant an extension, the extension shall be requested in writing and justifiable cause demonstrated. Fees are established by City Council resolution and are subject to change.

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 federal, state, or local law regulating construction or the performances of construction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_