



No. \_\_\_\_\_

**MANUFACTURED HOME SETUP & INSPECTION APPLICATION**

**NOTE:** This application shall not be altered by an applicant except that additional sheets may be attached where there is insufficient space provided to complete the required information. Additional supporting material may accompany the application at the applicants discretion. No section of the application can be waived without written justification, and such justification is deemed sufficient to warrant a waiver by the Department of Public Works.

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATUS OF APPLICANT: \_\_\_\_\_  
(Owner, renter, potential owner, etc. )

PROPERTY OWNER (If not applicant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE:** If the property owner(s) is (are) not the applicant(s), a notarized statement signed by the owner(s) which states that they have no objection to the proposed manufactured home shall be attached to this application.

PROPOSED LOCATION OF MANUFACTURED HOME: (ADDRESS)

\_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_

TYPE (SINGLE/DOUBLE/TRIPLE WIDE): \_\_\_\_\_

LENGTH (in ft.): \_\_\_\_\_ SIZE (in sq. ft.): \_\_\_\_\_

CITY OF STERLING, CENTENNIAL SQUARE, 421 N. 4TH STREET, P.O. BOX 4000, STERLING, CO 80751-0400  
PHONE (970) 522-9700

MANUFACTURED HOME HOOKUP INSPECTION APPLICATION

INSTALLER'S NAME: \_\_\_\_\_

INSTALLER'S ADDRESS: \_\_\_\_\_

INSTALLER'S PHONE NO: \_\_\_\_\_

INSTALLER'S ID #: \_\_\_\_\_

HUD TAG #: \_\_\_\_\_ (Silver and red tag at the opposite end of the towing end, embossed with the letters "COL" followed by a six digit number. Example: COL854321)

HOUSE SERIAL # \_\_\_\_\_

TOTAL VALUE OF SETUP: \_\_\_\_\_ MATERIAL COST: \_\_\_\_\_

TOTAL VALUE OF NEW HOME ONLY x .52: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

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FOR DEPARTMENT USE ONLY

BUILDING PERMIT FEE (use Total Value of Setup w/fee chart) \$ \_\_\_\_\_

FOUNDATION USE TAX (50% of above) \$ \_\_\_\_\_

TOTAL VALUE OF NEW HOME x .04 \$ \_\_\_\_\_

SETUP INSPECTION FEE \$ 35.00

INSIGNIA FEE \$ 40.00

**TOTAL FEES** \$ \_\_\_\_\_

FEES PAID \_\_\_ / \_\_\_ / \_\_\_ FEE RECEIPT #: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_  
\_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

ISSUED PERMIT #: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_