



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.): _____

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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: ____ / ____ / ____

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 \$ _____ 60.00

TOTAL FEES \$ _____

FEES PAID ____ / ____ / ____ FEE RECEIPT #: _____

LEGAL DESCRIPTION OF PROPERTY: _____

ZONING DISTRICT: _____

INSPECTED BY: _____ DATE: ____ / ____ / ____

ISSUED PERMIT #: _____ DATE: ____ / ____ / ____