

GRAHAM COUNTY MOBILE HOME PERMIT

NAME AS LISTED ON TITLE			Date:	
MAILING ADDRESS:			PERMIT #	
911 ADDRESS:			TAX I.D. #	
ZONE I	ZONE II	ZONE III	G.P.S. / WIND ZONE	

CHARACTERISTICS OF MOBILE HOME

YEAR:		MANUFACTURER:	# BATHS:	
COLOR:	SQ.FT	# OF BEDROOMS:	TOTAL# ROOMS	
SET-UP CONTRACTOR:		LICENSE #		
SINGLE WIDE MOBILE HOME: \$		DOUBLE WIDE MOBILE HOME: \$		
TRIPLE WIDE MOBILE HOME: \$		ESTIMATED VALUE OF MOBILE UNIT: \$		
TYPE OF HEAT:		POWER: OVERHEAD	UNDERGROUND	
AMP:	POWER JOB #	WELL	SPRING	GAS

IMPROVEMENTS (IP)		CONSTRUCTION (CA)		COMPLETION (OP)	
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ALL OWNERS SHOULD TRY AND BE PRESENT FOR FINAL INSPECTION!!!!!!!!!!!!!!

I _____ UNDERSTAND THAT IF I ADD DECKS OR COVERED PORCHES TO MY COMPLETED MOBILE, I AGREE TO FIRST OBTAIN THE PROPER PERMITS BEFORE CONSTRUCTION MAY BEGIN. _____ (INITIAL)

HOW MANY DECKS/PORCHES _____ SIZE OF DECKS/PORCHES _____

CONTRACTOR IDENTIFICATION

ELECTRICIAN:	LICENSE #	PHONE #
PLUMBER:	LICENSE #	PHONE #
MECHANICAL:	LICENSE #	PHONE #
SET UP:	LICENSE #	PHONE #

SERVICE UPGRADE

FLOOD ZONE 20 FOOT SETBACK	FLOOD MAP # 20 FOOT ABOVE PLAN	R-109.0: EXPIRATION: A PERMIT SHALL EXPIRE SIX (6) MONTHS FROM DATE ACQUIRED IF WORK HAS NOT COMMENCED. IF WORK IS DISCONTINUED FOR A PERIOD OF TWELVE (12) MONTHS THE PERMIT BECOMES INVALID.
YES	NO	

SIGNATURES

PERMIT ISSUED BY:	VALIDATED BY:
SIGNATURE OF APPLICANT:	PHONE