

BUILDING INSPECTION DIVISION

IMPERIAL COUNTY

ID NO. _____

INSTRUCTIONS

APPLICATION FOR PERMIT TO CONSTRUCT

MP ACC/S MHI

- A. ACCESSORY STRUCTURES COMPLETE ITEMS 1,2,4,6
- B. MOBILEHOME INSTALLATION COMPLETE ITEMS 1,2,5,6
- C. PARK UTILITIES ALTERATION AND ADDITIONS COMPLETE ITEMS 1,2,3,6, SUPPLEMENT
- D. NEW PARKS AND PERMANENT BUILDINGS COMPLETE ITEMS 1,2,3,6, SUPPLEMENT
- E. RETURN ALL COPIES WITH REQUIRED FEES

3 Description of work _____

CLOSED BY _____

DATE CLOSED _____

1.
 Park Name _____
 Park Address _____
 Uninc. _____ Inc. _____ City/County _____ Zip _____
 Owner _____ Tel. No. _____
 Address _____ Zip _____
 Applicant _____ State Lic. No. _____
 Address _____ Zip _____
 Architect/Engineer _____ Lic. No. _____
 Address _____ Zip _____
 Lender's Name _____ Tel. No. _____
 Address _____ Zip _____

4 MOBILEHOME ACCESSORY STRUCTURES
 New Reinstall Standard Plan Approval No. _____
 Awning Carport Porch Cabana Other
 Owner / Tenant _____ Lot. No. _____

NO.	DESCRIPTION	FEE

DIVISION USE ONLY

COL. NO. _____
 FEE REC'D _____
 ROUTE TO _____
 ROUTED BY _____
 DATE _____

5 MOBILEHOME INSTALLATION
 Owner / Tenant _____ Lot No. _____
 SERIAL NO. _____ DATE OF MFGR. _____
 DESCRIPTION _____
 INSIGNIA OR HUD LABEL NO. _____

UPON DEPARTMENT APPROVAL TO RELEASE, AND PAYMENT OF FEES, THIS PERMIT IS ISSUED ONLY FOR ITEMS VALIDATED BELOW

2. CONTRACTOR / OWNER BUILDER
 I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.
 I certify that I am exempt from Section 7031.5 of the Business and Professions Code, Division 3, Chapter 9, Contractor's License Law, under the following sections:
 Owner: Section 7044
 Minor work under \$100: Section 7048
 Employee working for wages only: Section 7053
 Other: _____

WORKER'S COMPENSATION REQUIREMENTS

State Compensation Insurance Policy No. _____ Certificate On File Expiration Date _____

EXEMPTION

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.

I hereby acknowledge that the information I have provided is correct and agree that all construction shall be in accordance with applicable provisions of this Health and Safety Code, Labor Code, Contractor's License Law, and related Rules and Regulations of the State of California, and I acknowledge it is my responsibility to request all necessary inspections incident to the issuance of this permit and allow entry of authorized personnel to provide such inspections.

Date _____ Applicant _____

6
 Approved: _____
 Project Owner/Operator/Manager
(SIGNATURE REQUIRED)

PERMIT NO. _____

MH ACC/S	
MP	
BLDG	
MHI	
MISC.	
PLC'K	
S.M.I.	
ISSUE	
TOTAL	

DIVISION PROCESS RECORD

APPLICATION _____
 LOCAL APPROVALS _____
 PLANNING _____
 FIRE _____
 HEALTH _____
 PUBLIC WORKS _____
 DATE _____
 ISSUED _____
 EXPIRES _____