



6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

MOBILE HOME PERMIT APPLICATION

SITE ADDRESS: _____

PARCEL #: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

Will the applicant be the contact person? YES or NO **If other, please specify below:**

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

INSTALLER: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

Waines No.: _____

Expiration Date: _____

HAULER: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

License No.: _____

Expiration Date: _____

APPLICATION SUB-TYPE: (please circle) **Mobile Home in Park** **Mobile Home on Lot**

MOBILE HOME PARK NAME: _____

SITE ADDRESS: _____ **SPACE NO.:** _____

WORK DESCRIPTION: _____

YEAR MANUFACTURED: _____ MAKE OF MOBILE: _____

MODEL NUMBER: _____ SIZE: _____

SERIAL NUMBER: _____ SQ. FT: _____

BLDG. HEIGHT: _____ BEDROOMS: _____ BATHROOMS: _____

PROPOSED SETBACKS			
FRONT		RIGHT	
REAR		LEFT	

VALUATION (COST OF PROJECT): \$ _____

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City of Lakewood, including its officers and employees, upon the accuracy of the information provided to the City of Lakewood as part of this application.

Signature of Authorized Agent/Owner

Date

OFFICE USE ONLY:

PERMIT #: _____ BUSINESS LICENSE #: _____

TITLE: _____ BIN #: _____

ZONE: _____ ZONING USE TYPE: _____

DATE PERMIT APPLICATION RECEIVED: _____ RECEIVED BY: _____