



MOBILE HOME / MODULAR COMMERCIAL SETTING PERMIT APPLICATION FORM

For City Use

All Contractors working within City of Enumclaw will need a business license <http://business.wa.gov/BLS> or 1.800.451.7985

DESCRIPTION OF WORK, <u>BE SPECIFIC</u>	MOVE IN DATE	ESTIMATED PROJECT VALUATION
SITE ADDRESS	LOT #	PARCEL # REQUIRED
ARE YOU: <input type="checkbox"/> Replacing existing trailer— <input type="checkbox"/> existing trailer being removed <input type="checkbox"/> existing trailer being demolished in place <i>(demo permit required)</i> <input type="checkbox"/> Placing on a Vacant lot (if lot has been vacant for 12 months or longer it counts as vacant lot) <input type="checkbox"/> Are you connecting to natural gas? <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> Do you have an air conditioning unit/ outside cooling coil? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
APPLICANT NAME / AUTHORIZED AGENT (person/company taking out permit)		PHONE
ADDRESS CITY, ST, ZIP		
EMAIL		
CONTRACTOR / INSTALLER		PHONE
ADDRESS CITY, ST, ZIP		
EMAIL		
CONTRACTOR'S REGISTRATION #	EXPIRATION DATE	ENUMCLAW BUSINESS LICENSE #
OWNER OF MOBILE HOME		PHONE
ADDRESS CITY, ST, ZIP		
EMAIL		
OWNER OF MOBILE HOME PARK		PHONE
ADDRESS CITY, ST, ZIP		
EMAIL		

Submittal Requirements:

- Provide a PDF of site plan to engineer scale (1" = 10' or 1" = 20')
- Provide a PDF of stabilizing system (tie downs) stamped by a WA State Profession Engineer
- Provide a PDF of license of WA State Certified Mobile Home Installer
- Provide a PDF of Anchoring System Designed by a Washington State Design Professional
- Other PDF materials needed: installation pamphlet on the home; foundation (piers); and Marriage lines (point loads); and skirting and landing details; and seismic tie down system.
- Provide L&I numbers from the insignia on the home _____
Year _____ Make _____ Model _____

Is this structure constructed prior to 1976? Yes or No

If Yes, provide a copy of the completed Labor and Industries Fire Safety Inspection prior to issuance of the permit.

PLEASE READ AND INITIAL

Applicant agrees to comply with all conditions set forth on the issued building permit plus attachments to the permit.

RCW 19.27.095, The requirements for a fully completed application shall be defined by local ordinance **but for any construction project** costing more than **five thousand dollars** the application shall include one of the following as a minimum:

(Please attached to this application) The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or

(Please attach to this application) The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project.

PLEASE READ BEFORE SIGNING

I hereby certify that I have read and examined this application and know the same to be true and correct. Applications may be canceled for inactivity if an applicant fails to respond to the department's written request for revisions, corrections, actions or additional information within 90 days of the date of request, an extension may be available upon request. This application for permit may be revoked if the work is not in conformance with all laws, rules and regulations of the City of Enumclaw. The duty to insure code conformance rests with the builder, developer, or the homeowner, not the City of Enumclaw. All documents submitted to the City become public record and are available for public inspection and copying. I herein agree to reimburse the City for the cost of professional engineers and other consultants hired by the City to review and inspect this proposal and any other related permits. I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge or consent.

I hereby request that the Building Division review be done parallel with other city department reviews. I understand that review by other departments and/ or changes resulting from these reviews may result in increased or additional charges or fees.

Applicant/Authorized Agent Signature: _____

Please Print Your Name _____ Date: _____