

TOWN OF PAYSON BUILDING DEPARTMENT

303 NORTH BEELINE HWY.
PAYSON, AZ 85541
Office (928)472-5030 Fax (928)472-7490

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

OWNER INFORMATION			
Name		Email Address	
Phone Number	Mailing Address: (Please include City, State and Zip Code)		
INSTALLATION ADDRESS			
Address		City	State AZ
		Zip Code	
UNIT INFORMATION		VALUATION \$	
Unit Manufacturer	Serial Number	Date of Mfg or Year	Size
<input type="checkbox"/> FLOOD ZONE PLAN # _____		<input type="checkbox"/> OTHER APPROVED PLAN # _____	
PROPERLY LICENSED ENTITY(S) PERFORMING WORK			
UNIT INSTALLER <i>Check box for work being performed</i>			
<input type="checkbox"/> FOUNDATION SYSTEM <input type="checkbox"/> WATER <input type="checkbox"/> SEWER / SEPTIC <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER _____			
Company Name	License Number	Classification	Phone Number
Email Address:			
Address: (Please include City, State & Zip Code)			
ACCESSORY INSTALLER <i>Check box for work being performed</i>			
<input type="checkbox"/> AWNING <input type="checkbox"/> SKIRTING <input type="checkbox"/> STEM WALL <input type="checkbox"/> PORCH, DECK, STEPS <input type="checkbox"/> HVAC (Mechanical) <input type="checkbox"/> OTHER _____			
Company Name	License Number	Classification	Phone Number
Email Address			
Address (Please include City, State & Zip Code)			
To add additional Installers and/or Contractors, please use Subcontractor Supplement Form (Page 3 of 3)			
DEALER INFORMATION			
Company Name	License Number	Classification	Phone Number
Email Address	Address: (Please include City, State & Zip Code)		
PERMIT PURCHASER INFORMATION			
Applicant Name	Date Completed:		
Email Address			
THIS SECTION IS FOR OFFICE USE ONLY			
Permit Number:	Issue Date:	Issued By:	Permit Fee:
	Check #:	Receipt # :	

PLEASE FILL OUT COMPLETELY

**TOWN OF PAYSON
BUILDING DEPARTMENT**

303 NORTH BEELINE HWY
PAYSON, AZ 85541
Office (928) 472-5030 Fax (928) 472-7490

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

PRE-HUD INFORMATION

If the home is PRE-HUD this information must be provided

(Pre-HUD) refers to any mobile home built prior to June 15, 1976

Address mobile home came from: (Please include City, State & Zip Code)

☐ Manufactured/Mobile Home Park

☐ Private Property

Rehabilitation Certificate/Insignia number (*if applicable*): _____



PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUE

**Manufactured Home may not be occupied
until all required inspections have been performed and approved.**

This permit provides for 3 inspections,
one of which is reserved for accessory structures, if applicable.
Any additional inspections will be charged at the rate of \$70.00 per hour.

**IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO
CALL FOR ALL REQUIRED INSPECTIONS AND REINSPECTIONS**

THIS SECTION IS FOR OFFICE USE ONLY

Permit Number:

Note/Comment:

**TOWN OF PAYSON
BUILDING DEPARTMENT**

303 NORTH BEELINE HWY.
PAYSON, AZ 85541
Office (928) 472-5030 Fax (928) 472-7490

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

SUBCONTRACTOR SUPPLEMENT FORM

Please list all licensed subcontractors associated with the installation / accessory structures of the manufactured/mobile home (electrical, plumbing etc.).

Contractor's Company Name _____

License Number _____ **License Classification** _____ **Phone Number** _____

Email Address _____

Check work being performed ☐ **ELECTRIC** ☐ **PLUMBING** ☐ **GAS** ☐ **MECHANICAL**

☐ **ACCESSORY STRUCTURE** _____

☐ **OTHER** _____

Contractor's Company Name _____

License Number _____ **License Classification** _____ **Phone Number** _____

Email Address _____

Check work being performed ☐ **ELECTRIC** ☐ **PLUMBING** ☐ **GAS** ☐ **MECHANICAL**

☐ **ACCESSORY STRUCTURE** _____

☐ **OTHER** _____

Contractor's Company Name _____

License Number _____ **License Classification** _____ **Phone Number** _____

Email Address _____

Check work being performed ☐ **ELECTRIC** ☐ **PLUMBING** ☐ **GAS** ☐ **MECHANICAL**

☐ **ACCESSORY STRUCTURE** _____

☐ **OTHER** _____

Contractor's Company Name _____

License Number _____ **License Classification** _____ **Phone Number** _____

Email Address _____

Check work being performed ☐ **ELECTRIC** ☐ **PLUMBING** ☐ **GAS** ☐ **MECHANICAL**

☐ **ACCESSORY STRUCTURE** _____

☐ **OTHER** _____

PLEASE FILL OUT COMPLETELY

THIS SECTION IS FOR OFFICE USE ONLY

Permit Number:

Note/Comment: