

APPLICATION – TEMPORARY MOBILEHOME BUILDING PERMIT

SAN JOAQUIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
1810 E. HAZELTON AVENUE, STOCKTON CA 95205

BUSINESS PHONE: (209) 468-3121

INSPECTION REQUEST-24 HOUR RECORDER: (209) 468-3165

PERMIT NO	
-----------	--

THIS PORTION OF THE APPLICATION <u>MUST</u> BE COMPLETELY FILLED OUT BY THE APPLICANT IN ORDER TO APPLY FOR PERMITS REQUIRED TO BUILD A COMMERCIAL STRUCTURE.							
Scope of Work:							
		Site Address:					
OWNER NAME	E AND ADDRESS	APPLICANT NAME AND ADDRESS					
Name:		Name:					
Address:		Address:					
City:	State:	City:	State:				
ZIP:	Ph:()	ZIP:	Ph:()				
MOBILEHOME INST	ALLER INFORMATION	Ph:()					
Company Name:		State Lic. Class:	State Lic. No:				
Address:		City:	St: ZIP:				
MOBILEHOME	INFORMATION	Manufacturer:					
Width:	Length:	Model Number:	Year Built:				
Number of Bedrooms:	State Tag Numbers	Seri	ial Numbers:				
	CHEC	KLIST					
THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE SUBMITTED TO DEVELOPMENT SERVICES BEFORE YOUR APPLICATION CAN BE PROCESSED.							
	for a Temporary Mobilehome Building	-					
Two copies of the Site Plan, drawn to scale, showing property lines, north arrow, easements, well, septic tank, leach field, all existing and proposed development.							
3. The manufacturers installation instructions (double-wide homes should include ridge beam load calculation details). • Manufactured home installation manual • 2 marriage line calculations, if applicable • 2 State approved tie-down system or engineered wet stamp • 2 floor plans • 2 skirting details							
4. Flood Certificate (if required)).						
5. School Certificate (if required).							
6. Section 72 of the Revenue and Taxation Code now requires a copy of a complete floor plan to be given to the County Assessor. Therefore, an additional floor plan shall be submitted with all the standard plan submittal requirements.							
APPLICANT: ONLY THE OWNER OF THE PROPERTY OR A LICENSED CONTRACTOR MAY TAKE OUT BUILDING PERMITS							
		Contractor must submit the following with the application: • Current license numbers and a worker's compensation insurance certification (this is not necessary if this information is already on file with the Department) • A waiver form if the contractor is not subject to worker's compensation laws • A completed "Authorized to Sign" form if other than the contractor applies (this is not necessary if this information is					

already on file with the Department)

THIS PAGE TO BE FILLED OUT BY DEVELOPMENT SERVICES STAFF										
PROPERTY INFORMATION										
Job-Site Address:					APN: -	-				
Cross-Street:			City:		ZIP:					
Precise Location:			•							
Subdivision Name:			Мар#		BI/Lot#					
Zoning and Setbacks	Zone:	Front:	Left:	Right:	Rear:	Height:				
School District:			Fire District:							
Sewer District:			Water District:							
Approved Use:										
SPECIAL AREAS										
Subsidence Area: Yes: [□ No: □		Expansive Soil A	Area: Yes:	No: □					
Fire Hazard Area: Yes: [□ No: □		Airport Zone:	Yes:	No: □					
Planning No:			SJAFCA:	Yes: □	No: □					
		COMM	IENTS							
Plan Check Only ()	VES				File#					
Technician:	120				Date:					