



**TOWN OF SPRINGERVILLE**  
**DEPARTMENT OF FIRE,**  
**BUILDING AND LIFE SAFETY**  
 418 E Main St  
 Springerville, AZ 85938



**MANUFACTURED HOME INSTALLATION PERMIT APPLICATION**

Check Utility	Check Attached Accessory Structure on your contract	
<input type="checkbox"/> WATER	<input type="checkbox"/> AWNING	<input type="checkbox"/> COOLER or AC SYSTEM
<input type="checkbox"/> SEWER / SEPTIC	<input type="checkbox"/> GARAGES	<input type="checkbox"/> APPROVED PLAN #
<input type="checkbox"/> GAS	<input type="checkbox"/> PORCH	<input type="checkbox"/> FLOOD ZONE PLAN #
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> SKIRTING/RETAINING	<input type="checkbox"/> OTHERS

<b>Owner Information</b>			
Name		Email Address	
Phone Number		Mailing Address: (Please include City, State and Zip Code)	
<b>Installation Address</b>			
Address INCLUDE PARCEL #		City	State <b>AZ</b>
<b>Description</b>			
Unit Manufacturer	Serial Number	Date of Mfg or Year	Size
<b>Installer Information</b> (List all licensed subcontractors on Supplement Form)			
Company Name		License Number	Classification
Email Address:		Address: (Please include City, State & Zip Code)	
<b>Accessory Installer's Name</b> (List all licensed subcontractors on Supplement Form)			
Company Name		License Number	Classification
Email Address		Address: (Please include City, State & Zip Code)	
<b>Dealer Name</b>			
Company Name		License Number	Classification
Email Address		Address: (Please include City, State & Zip Code)	
<b>Permit Purchaser</b>			
Name		Date	
<b>This Section For Office Use Only</b>			
Permit Number:	Issue Date:	Issued By:	Permit Fee:
Check #:		Receipt # :	

**Certificate of Occupancy will be sent upon request**  
**PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUE**

This permit WILL REQUIRE AT LEAST 2 INSPECTIONS AT \$94, one of which is reserved for accessory structures, if applicable.

Any additional inspections will be charged at the rate of \$47.00 per hour

**IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO**

**CALL FOR ALL REQUIRED INSPECTIONS AND REINSPECTIONS**

**DISPLAY IN FRONT WINDOW FOR INSPECTION**



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418 E Main St  
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Permit # \_\_\_\_\_ (NOTE: A BUILDING PERMIT MUST BE ATTACHED)

## APPLICATION FOR MOBILE / MANUFACTURED HOME INSTALLATION PERMIT

**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 and Zip Code)

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Manufactured/Mobile Home Park

Private Property

Unit Manufacturer \_\_\_\_\_ Unit Serial # \_\_\_\_\_

Date of Mfg. \_\_\_\_\_ Size \_\_\_\_\_

Unit Installer's Name \_\_\_\_\_

Unit Installer License # \_\_\_\_\_ Classification \_\_\_\_\_



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## DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

418 E Main St  
Springerville, AZ 85938  
928/333-2656



### MANUFACTURED HOME INSTALLATION PERMIT APPLICATION SUBCONTRACTOR SUPPLEMENT FORM

PERMIT # \_\_\_\_\_

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 \_\_\_\_\_

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ACCESSORY STRUCTURE \_\_\_\_\_

OTHER \_\_\_\_\_

Contractor's Company Name \_\_\_\_\_

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Email Address \_\_\_\_\_

Check work being performed  ELECTRIC  PLUMBING  GAS  MECHANICAL

ACCESSORY STRUCTURE \_\_\_\_\_

OTHER \_\_\_\_\_