Clallam County Department of Community Development

DATE REC'D:_____

BPT # _____

MANUFACTURED HOME PLACEMENT PERMIT APPLICATION

Tax Parcel Number: _____ **Lot Size:** _____
Site Address: _____

PROPERTY OWNER NAME: _____
MAILING ADDRESS:_____
CITY, STATE, ZIP_____
Home Phone: _____**Cell Phone:** _____
Work Phone: _____**Fax:** _____
E-mail Address: _____

MAIN CONTACT:_____**PHONE:**_____

APPLICANT/CONTRACTOR:_____
MAILING ADDRESS:_____
CITY, STATE, ZIP: _____
STATE CONTRACTOR LICENSE NO.: _____**EXPIRES ON**: _____
Work Phone: _____ **Cell Phone:** _____**E-mail:** _____

LENDING INSTITUTION (AS PER RCW 19.27.095):_____

TYPE OF SEPTIC SYSTEM (i.e. Individual, Community or Municipal):_____
SOURCE OF POTABLE WATER: _____
WHICH DRAINAGE PLAN: _____

WRITTEN DIRECTIONS TO SITE FROM A STATE HWY:
_____
_____
_____

NO. OF BEDROOMS _____ **NO. PLUMBING DRAINS**_____**TYPE OF HEAT**_____
PROPANE TANK SIZE _____**ABOVE GROUND** _____**UNDERGROUND**_____
SWMH _____ **DWMH** _____ **TWMH** _____ **New** _____ **Replacement** _____ **Dimensions** _____
MANUFACTURER NAME _____ **SERIAL #** _____**YEAR** _____
HOME VALUE $_____
FOUNDATION (CHECK ONE): PADS _____**RUNNERS**_____ **SLAB**_____**PITSET**_____

SQUARE FOOTAGE OF:

MANUFACTURED HOME: _____ **GARAGE** _____ **CARPORT** _____
COVERED PATIO/PORCH _____ **DECK** _____ **COVERED DECK** _____

FREESTANDING GARAGES, CARPORTS, DECKS, COVERED PORCHES & ANY STICK BUILT ADDITION TO THE MANUFACTURED HOME REQUIRES A SEPARATE COUNTY BUILDING PERMIT. IF THE STRUCTURE IS ATTACHED TO THE MANUFACTURED HOME, AN ALTERATION PERMIT FROM LABOR & INDUSTRIES (360-417-2700) IS ALSO REQUIRED AND MUST BE SUBMITTED WITH THE COUNTY BUILDING PERMIT APPLICATION.

This application is complete and correct to the best of my knowledge
_____
Signature ÍOWNER / ÍAGENT / ÍCONTRACTOR **Date**

FOR STAFF USE ONLY:
SEP/SAN _____
H2O _____
DRA _____
RDP _____
CRI _____
WRIA _____
*STATE HWY/DOT*_____
*OWNERSHIP*_____
*ZONING*_____ *SETBACKS*_____
*PARCEL DESCRIPTION*_____

ADDRESS _____
PERMIT FEE ***300.00***
REC #/CK # _____
DATE _____

CRITICAL AREA REVIEW:
*WETLANDS*_____
*AQUATIC & WILDLIFE*_____
*AQUIFER RECHARGE*_____
*ELEVATION CERTIFICATE*_____
*GEOLOGIC HAZARD*_____
*SHORELINE*_____
*FLOODPLAIN*_____
*PRIOR FOREST PRACTICE*_____
*OK OR TO BE ROUTED FOR RESPONSE*_____