



# MOHAVE COUNTY DEVELOPMENT SERVICES

## BUILDING DIVISION

P. O. Box 7000, Kingman, Arizona 86402-7000  
1130 E. Hancock Rd., Bullhead City, Arizona, 86442

3250 E. Kino Avenue, Kingman, Arizona  
Telephone (928) 758-0707

Telephone (928) 757-0903  
FAX (928) 763-0870

FAX (928) 757-3577  
[www.mohave.gov](http://www.mohave.gov)

**Scott Holtry**  
Department Director

**Gilbert Smaby, C.B.O.**  
Chief Building Official

### MANUFACTURED HOME/FACTORY BUILT BUILDING INSTALLATION PERMIT APPLICATION

<b>OWNER INFORMATION</b>			
Name		Email Address	
Phone Number		Mailing Address (Please include City, State and Zip Code)	
<b>INSTALLATION ADDRESS</b>			
Address		City	State <b>AZ</b>
		Zip Code	
<b>UNIT INFORMATION</b>			
HUD Number	Serial Number	Void Without Red Approval Stamp	
Unit Manufacturer	Date/Year of Mfg		
Size			
<input type="checkbox"/> FLOOD ZONE PLAN # _____		<input type="checkbox"/> OTHER APPROVED PLAN # _____	
<b>PROPERLY LICENSED ENTITY(S) PERFORMING WORK</b>			
<b>UNIT INSTALLER</b> <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 and Zip Code)			
<b>ACCESSORY INSTALLER</b> <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 and Zip Code)			
<i>To add additional Installers and/or Contractors, please use Subcontractor Supplement Form (Page 3 of 3)</i>			
<b>DEALER INFORMATION</b>			
Company Name		License Number	Classification
		Phone Number	
Email Address		Address (Please include City, State and Zip Code)	
<b>PERMIT PURCHASER INFORMATION</b>			
Applicant Name		Date Completed	Email Address
<b>THIS SECTION IS FOR OFFICE USE ONLY</b>			
Permit Number		Issue Date	Issued By
Permit Fee		Check #	Receipt #

**DISPLAY IN FRONT WINDOW FOR INSPECTION**



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### MANUFACTURED HOME/FACTORY BUILT BUILDING 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 INFORMATION			
Company Name		Email Address	
License Number	License Classification	Phone Number	
<i>Check box for work being performed</i>			
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> ACCESSORY STRUCTURE _____ <input type="checkbox"/> OTHER _____			

CONTRACTOR INFORMATION			
Company Name		Email Address	
License Number	License Classification	Phone Number	
<i>Check box for work being performed</i>			
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> ACCESSORY STRUCTURE _____ <input type="checkbox"/> OTHER _____			

CONTRACTOR INFORMATION			
Company Name		Email Address	
License Number	License Classification	Phone Number	
<i>Check box for work being performed</i>			
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> ACCESSORY STRUCTURE _____ <input type="checkbox"/> OTHER _____			

CONTRACTOR INFORMATION			
Company Name		Email Address	
License Number	License Classification	Phone Number	
<i>Check box for work being performed</i>			
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> ACCESSORY STRUCTURE _____ <input type="checkbox"/> OTHER _____			

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### MANUFACTURED HOME/FACTORY BUILT BUILDING INSTALLATION PERMIT APPLICATION

#### PRE-HUD INFORMATION

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

*Pre-HUD refers to any mobile home built prior to June 15, 1976.*

MOBILE HOME INFORMATION			
Address mobile home came from	City	State	Zip Code
<input type="checkbox"/> MANUFACTURED HOME/MOBILE HOME PARK		<input type="checkbox"/> 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 \$175.00 each.

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

**PLEASE BE ADVISED THAT NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL  
THE HUD NUMBER AND SERIAL NUMBER(S) OF THE UNIT HAVE BEEN PROVIDED.**

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