CITY OF BUCKEYE
DEVELOPMENT SERVICES DEPARTMENT

530 E MONROE AVE, BUCKEYE AZ 85326
Phone 623-349-6200, Fax 623-349-6221

MANUFACTURED HOME INSTALLATION FORM

NAME:_____ ADDRESS:_____

LOT OR SPACE _____

MANUFACTURER:_____ MODEL:_____ SIZE: _____

HUD LABEL NO. 1: _____ S.N.:_____

HUD LABEL NO 2: _____ S.N.:_____

NOTE: THE PERMIT FEE FOR THE INITIAL SETUP SHALL INCLUDE ONLY THE ITEMS MARKED. ITEMS NOT MARKED WILL REQUIRE SEPARATE PERMITS.

CHECK BOX	PERMIT REQUESTED	INSTALLER	CLASS	LICENSE NUMBER
	BLOCKING			
	ELECTRICAL			
	WATER			
	SEWER			
	ANCHORING			
	GAS			
	A/C			
	SKIRTING			
	AWNING			
	PORCHES			
	OTHER			

APPLICANT:_____ ADDRESS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____