



# WAHKIAKUM COUNTY

## Building and Planning Department

David W Hicks, Building Inspector / Planner

### Manufactured Home/Mobile Application

Date Received: \_\_\_\_\_

Permit Fee: \$156.50

Permit Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

**DIRECTIONS: Please complete numbers 1 through 7 to the best of your ability.**

1. Site Address: \_\_\_\_\_ City: \_\_\_\_\_

2. Type of Occupancy: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

3. Total number of bedrooms: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

4. Water Supply: \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

5. Manufacturer: \_\_\_\_\_ Model Name or #: \_\_\_\_\_

State License Number: \_\_\_\_\_ Year of House: \_\_\_\_\_

6. Installer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

WAINS #: \_\_\_\_\_

7. Project Value: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

64 Main Street, P. O. Box 97

Cathlamet, Washington 98612

(360)795-3067 phone

(360)795-0342 fax

H:\Admin Assist\Forms\Building Forms\Building Permit Manufactured Home\ Mobile Home Application updated 8-4-23

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