Napavine Community Development MOBILE HOME PLACEMENT APPLICATION

DATE RECEIVED

ΒY

407 Birch Ave SW, PO Box 810, Napavine, WA	98565 (360) 262-9344
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Site Address:	Site Address:										
Tax Parcel No.	Lot No. Blk Division/Short Plat				Sec	Тwp	Rng				
Owner (Name / Address / Telephone)											
- <u>Applicant (Name / Address / Telephone)</u>											
Self Installed		CON	TACT: 🗌 Ow	ner or 🗌 Contr	actor at Phone #	: 	_				
Home purchased from: _											
Contractor's Name and L	Contractor's Name and L&I License #:L & I License Expiration Date:										
Installer's Name and WA	INS#		#WAINS		WAINS Expira	tion Date:					
Project Description: MC	BILE HOI	ME PLAC	EMENT 🛛 Nev	r; 🛛 Replacemer	nt; or 🛛 Other (explain on	reverse side)				
MOBILE HOME INFO	ORMATI	ON:									
Make:			Model: _		Year:_						
Serial Number:		Price: \$	Siz	e:	# of	Bedrooms					
I certify that all plans, specifications and other submissions required in support of this application conform to the requirements of the State Building Code; the construction as located at the site will conform to the State Building Code and to all other applicable laws and ordinances; and I am the owner/applicant or have authority to bind the owner to these covenants and I have examined this application and know the same to be true and correct:											
OWNER / APPLICANT S	SIGNATUR	E:		DATE SIGNED:							
REQUIREMENTS CHEC					RECEIV	ED	APPROVED				
	Assessor's Map (current)										
Site Plan (show all exist Permission To Enter (PTI		septic & n	ew proposal)	✓ ✓							
Building Permit (if full fou	,	nosed)									
Fire Permit		,poood)									
Flood Permit (JARPA)											
Grading Permit											
SEPA Checklist											
Shoreline Permit											
Special Use Permit											
Variance											
Other:											
SEPTIC REQUIRED: Y N, WATER REQUIRED: Y N, (if yes see reverse side)											
Zoning:		IN UC	GA? Y N_								
Other Zoning Comments:	:										
PERMIT NUMBER:	PERMIT NUMBER: SET #:										
TOTAL FEES FOR F	PERMIT:										

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Napavine Co	mmunity Develop					
REQUIREMEN	ITS CHECKLIST			REQUIRED	RECEIVED	APPROVED
New Septic Approval: Permit #: Date Issued: # of Bedrooms:						
Permit #: Original Septic # of Bedrooms Public Name: Date water ava	Permit # <i>Water Appro</i> ailability form sent to	te Issued:				
Date water avail. received from the Lab: Public approval: Yes No Individual Well Well log Gallons per min Bacteria Date Bacteria satisfied Nitrates Level of Nitrates						
PLUMBING PERMIT						
NUMBER TYPE OF FIXTURE						
1	Water Piping					
1	1 Sewer					
FEES			SPECIAL CONDITIONS			
Mobile Placeme	ent Permit					
Plumbing Permit			00			
		50				
TOTAL BUILDING FEE:						
OTHER PERM	NIT FEES:					
CARL review						
Fire Permit						
Flood Permit (JARPA)						
Grading Permit						
SEPA checklist & public hearing						
Shorelines Permit						
Special Use Permit						
Other (Variance, etc.)						
TOTAL FEES						

EXPLANATION OR OTHER INFORMATION AS NEEDED: