



## MANUFACTURED HOME INSTALLATION

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

Application Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

FOR OFFICE USE ONLY

6015 N. Glenwood St. ■ Garden City, Idaho 83714 ■ Phone 208/472-2921 ■ Fax 208/472-2926

[Planning@gardencityidaho.org](mailto:Planning@gardencityidaho.org) ■ Inspection Hotline: 208-472-2920

\*\*Immediate notification to Garden City permit desk is required for ALL address changes

### APPLICANT CONTACT NAME: \_\_\_\_\_

Park Owner  Home Owner  Contractor  Other

E-mail: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am or have the owner's permission to submit this application. I agree to be responsible for all application materials, fees and application correspondence with the City. I have completed the application checklist noting all applicable pages and supporting documents for the project. I attest that all information is complete and accurate to the best of my knowledge. \*Note this person is the main contact. The applicant will be responsible for coordinating, reviewing, and ensuring that all application materials have been completed and submitted. All application correspondence will be through this person.

### Contractor Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contractor Registration #: \_\_\_\_\_ Expiration: \_\_\_\_\_

### Home Owner Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Park Owner/Registered Agent Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Site Information: Park Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Space #: \_\_\_\_\_

### Home Information:

1. Type:  Single Wide /  Double Wide /  Affixed Verification
2. Manufactured Home VIN#: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_
3. Length of Home: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft
4. How will the home be affixed to the ground? (Check all that apply)  
 Block and tie /  with Tip Out /  with Deck /  Foundation
5. If for affixed verification: Has all running gear been removed and replaced with a permanent foundation?  Yes /  No /  N/A
6. Is the home in the 100 year floodplain?  Yes /  No
7. Water Service Connection:  5/8" /  1" /  1.5" /  2" /  3" /  4" /  6" /  N/A
8. Will there be earth disturbing activity?  Yes /  No

**REQUIRED APPLICATION CHECKLIST (Incomplete applications will NOT be accepted)**

- \_\_\_ Application Fees with submittal (see fee schedule)
- \_\_\_ Complete Application
- \_\_\_ Affidavit of Legal Interest
- \_\_\_ Flood Risk Acknowledgement
- \_\_\_ **Two Site Plans** showing (for homes in parks):
  - Space dimensions, including setbacks of the proposed home, home dimensions, and parking spaces and dimensions
  - Locations of existing and proposed water and sewer connections
  - Location and dimension of patio
  - Location of tenant storage space
- \_\_\_ **Two Vicinity Plans** showing (for homes in parks):
  - Roads and common drives, location of park entrance sign
  - Location and dimension of common area
  - All spaces numbered according to approved plan
- \_\_\_ Documentation authenticating year of manufacture (such as copy of annual permit, bill of sale, title)
- \_\_\_ If home was manufactured before 1976, attach Idaho Division of Building Safety Certificate
- \_\_\_ Erosion Permit (if greater than 2 cu. yard earthwork)
- \_\_\_ Limited Permit Application (for all homes in the floodplain)
- \_\_\_ Ada County Statement of Intent to Declare Manufactured Home Real Property (For affixed verification)
- \_\_\_ Ada County Highway District (ACHD) Impact Fee Receipt or written confirmation from ACHD that no Impact Fee is required (prior to permit issuance)

**A MANUFACTURED HOME INSTALLATION PERMIT APPLICATION TAKES UP TO ONE WORKING WEEK TO PROCESS. STAFF WILL CONTACT THE APPLICANT ONCE THE PERMIT IS READY FOR PICKUP. ONCE THE HOME IS INSTALLED, CALL THE INSPECTION HOTLINE (208-472-2920) ONE WORKING DAY PRIOR TO 4:00PM TO SCHEDULE INSPECTIONS. ONCE ALL REQUIRED INSPECTIONS ARE APPROVED AND A COMPLETE SAFETY CHECKLIST IS SUBMITTED, A CERTIFICATE OF COMPLIANCE WILL BE ISSUED. INSTALLING A MANUFACTURED HOME WITHOUT OBTAINING A MANUFACTURED HOME INSTALLATION PERMIT AND CERTIFICATE OF COMPLIANCE MAY RESULT IN REVOCATION OF THE PERMIT, DOUBLE FEES, FINES, OR ALL OF THE ABOVE.**

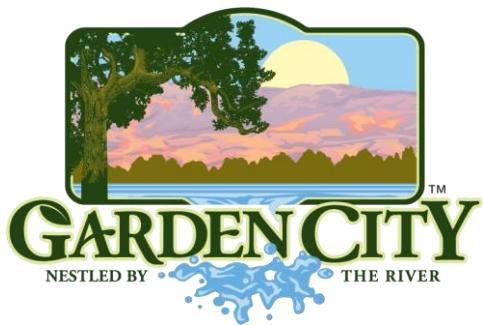
**ALL SIGNATURES REQUIRED**

**APPLICANT SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_**

**HOME OWNER SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PARK OWNER SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_**

**\*By signing this document I acknowledge that I may be held responsible for issues of noncompliance.**



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## Affidavit of Legal Interest

State of Idaho )  
                  )SS  
County of Ada )

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name \_\_\_\_\_ Address of Owner  
(must be primary owner as noted in Ada County Assessor's records.  
If the primary owner is a business write the business name)

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City \_\_\_\_\_, State and Zip \_\_\_\_\_

Being first duly sworn upon oath, depose and say:

1. That I am the record owner of the property described on the attached, and I grant my permission to \_\_\_\_\_,  
Name of applicant  
to submit the accompanying application pertaining to \_\_\_\_\_,  
Garden City Idaho, 837\_\_\_\_ property. Address of Property Subject to this Affidavit
2. I agree to indemnify, defend and hold the City of Garden City and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.
3. I hereby grant permission to City of Garden City staff to enter the subject property for the purpose of site inspections related to processing said applications.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature Printed Name  
(must be primary owner, registered agent, or otherwise have legal authority to sign on behalf of primary owner)

**Subscribed and sworn to before me the day and year first above written.**

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**Notary Public for Idaho**

Residing at: \_\_\_\_\_

My Commission expires