



City of Carnation
 4621 Tolt Ave
 PO Box 1238
 Carnation, WA 98014

Manufactured Home Permit # _____
Inspection Line (425)333-4192
 24 Hrs. Notice Required for Inspection

Project Name: _____

Permit Name: _____ Permit Address: _____
 Permit Use: _____ Owner's Address (if different than above:) _____
 Contractor: _____ ID# _____ Address: _____
 Contact Person: _____ Phone: () _____ Cell#: () _____
 Parcel #: _____ Plat Description: _____
 Date of Application: _____ Date Approved: _____ Issued By: _____ Date Issued: _____

Zone: _____ Occupancy: _____ Type of Construction: _____ Building Sq. Ft.: _____
 Set Backs: Front: _____ Side: _____ Rear: _____ Stories: _____ Height limit: _____ Valuation: _____

Building Conditions

Route of travel signed off by the Duvall-Carnation Police Department

Installation instructions available for viewing. Installer Tag signed off by the installer and available for inspector.

All permits expire 180 days after issuance if no work is started. I certify that the information furnished by me is true and correct to the best of my knowledge and the applicable City of Carnation requirements will be met.

Owner, agent or contractor: _____ Date: _____

Public Works Inspections

Sidewalk Date: _____ By: _____ [] See attached

Comments: _____

Public Works Final Date: _____ By: _____ [] Sewer as-built

Building Inspections

Foundation Date: _____ By: _____ [] See attached

Comments: _____

Plumbing, Water & Sewer Date: _____ By: _____ [] See attached

Comments: _____

Skirting Date: _____ By: _____ [] See attached

Comments: _____

Building Dept. Final Date: _____ By: _____ [] Utility as-built