



# CITY OF PORT ORCHARD

## Permit Center

Office located at 720 Prospect Street  
Mailing Address: 216 Prospect Street  
Port Orchard, WA 98366  
(360) 874-5533 • permitcenter@cityofportorchard.us

### MOBILE / MANUFACTURED HOME PERMIT APPLICATION

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

<b>Owner of Manufactured Home:</b> _____ <b>Owner Address</b> (street, city, state, zip): _____ <b>Phone:</b> _____ <b>E-mail:</b> _____	
<b>Manufactured Home Dealer:</b> _____ <b>Dealer's License #:</b> _____ <b>Expiration Date:</b> _____ <b>Dealer's Mailing Address</b> (street, city, state, zip): _____ <b>Phone:</b> _____ <b>E-mail:</b> _____	
<b>Mover's Name:</b> _____ <b>Mover's Mailing Address</b> (street, city, state, zip): _____ <b>Phone:</b> _____ <b>E-mail:</b> _____ <b>Mover's DOT License #:</b> _____ <b>Expiration Date:</b> _____ <b>City Business License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Apply online at: <a href="http://bls.dor.wa.gov">bls.dor.wa.gov</a> ) <b>Revenue Tax # (UBI):</b> _____	
<b>Installed by:</b> <input type="checkbox"/> WA Licensed Installer <input type="checkbox"/> Home Owner - A homeowner is not required to obtain an installer certification tag, provided (a), they perform the work, (b) they do not pay someone to perform the work, and (c) the home is intended as the homeowner's primary residence. <b>Installer:</b> _____ <b>Company Name:</b> _____ <b>Installer's Mailing Address</b> (street, city, state, zip): _____ <b>Certification #:</b> _____ <b>Expiration Date:</b> _____ <b>City Business License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Apply online at: <a href="http://bls.dor.wa.gov">bls.dor.wa.gov</a> ) <b>Revenue Tax # (UBI):</b> _____	

COMPLETE ALL INFORMATION BELOW	
<b>APPLICATION IS FOR:</b>	<input type="checkbox"/> <b>LOCATING IN A MH PARK</b> Park Name: _____ Space #: _____
	<input type="checkbox"/> <b>LOCATING ON A PRIVATE LOT</b> If on a private lot, provide the following information: Lot size: _____ sq. ft. Total hard surfaces on site*: _____ sq. ft. Lot coverage (%): _____ <i>*hard surface includes existing and new structures, driveways, walkways, parking areas, etc.</i> Name of land owner: _____ Owner's mailing address: _____ Phone: _____ Email: _____
	<input type="checkbox"/> <b>TEMPORARY OFFICE</b>
	<input type="checkbox"/> <b>TEMPORARY LIVING QUARTERS</b>
<b>This installation is:</b> <input type="checkbox"/> New: First time placement <input type="checkbox"/> A Replacement	
<b>If a replacement, the existing MH is to be:</b> <input type="checkbox"/> Removed <input type="checkbox"/> Demolished on site - A demolition permit is required. Use Form #051	
<b>This is a</b> <input type="checkbox"/> New Home <input type="checkbox"/> Used Home* *A used MH only allowed in existing MH Park.	<b>Home is being moved from</b> (location) _____

<b>MH Manufacturer Name:</b>			
<b>Make:</b>	<b>Model:</b>	<b>Year:</b>	
<b>Serial #:</b>	<input type="checkbox"/> Single wide	<input type="checkbox"/> Double wide	<input type="checkbox"/> Triple wide
<b><u>NOTE:</u> The Manufacturer's installation manual must be on site for inspections.</b>			
<b>Dimensions:</b> W. x      L.	<b>Square footage:</b>	<b>No. of bedrooms:</b>	<b>No. of bathrooms:</b>
<b>Foundation type:</b> <input type="checkbox"/> Post & pier <input type="checkbox"/> Concrete runners <input type="checkbox"/> Pit set crawlspace <input type="checkbox"/> Concrete slab <input type="checkbox"/> Basement			
<b>DESIGN GUIDELINES:</b> POMC 20.139			
The design guidelines apply to new construction, additions to existing structures, and projects whose valuation exceeds 50% of the current taxable value of the existing structure.			
What is the current taxable value of the structure? (Information is available from County Assessor) \$_____			
What is the transparency percentage of the front façade? POMC 20.139.025(3)(a) _____ %			

**SUBMITTAL REQUIREMENTS** (check the box for each one included with this application):

- ONE COPY OF EACH:** the completed Master form and the Manufactured Home application.
- THREE COPIES:** Site plan: Must show erosion control measures and any grading included in the proposed project, unless provided separately with a *Land Disturbing Activity Permit*.
- ONE COPY:** letter from the Park Management/Owner authorizing the installation, if located in a MH Park.
- A *Stormwater Drainage Permit* is required unless your project is either:
  - in a previously established mobile home park with no changes to the hard surfaces on the site, or:
  - replacing like-for-like on a private lot.
- 3 copies** of a travel route plan drawing and statement. The documents must include:
  - A map with:
    - the starting location,
    - the location of installation,
    - the exact route to be taken from start to site, and
    - the date and time of travel (*this can be an estimate, but DCD must be informed of any change at least **two business days** in advance*).
  - A written statement that includes the following:
    - Pilot car(s) will be provided.
    - The drivers of the vehicles (mover and pilot) have valid driver's licenses.
    - Traffic control will be provided by the Applicant\*.

**\*NOTE:** If Port Orchard Police Department assistance is required for traffic control, the request must be in writing and submitted with this application. A fee will be charged for this service.

    - The statement must include, "**I certify that the information contained in this travel plan and statement is true and correct to the best of my knowledge.**", and be signed and dated by the Applicant.
- ONE ELECTRONIC COPY** of all submitted materials provided in PDF format.

**STAFF USE ONLY BELOW THIS LINE**

**VERIFIED INFO:** Mover's License: \_\_\_\_\_ UBI: \_\_\_\_\_ City Business License: \_\_\_\_\_  
initial initial initial

Installer's License: \_\_\_\_\_ UBI: \_\_\_\_\_ City Business License: \_\_\_\_\_  
initial initial initial

PERMIT # \_\_\_\_\_ FEES: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_