

APPLICATION FOR MANUFACTURED HOME/RV PERMIT

HUMBOLDT COUNTY, NEVADA

PERMIT NUMBER _____

Application Date _____ Issuance Date _____ Receipt # _____

Job Location

Address _____

City _____

Assessor's Parcel Number _____

Fees

MH in Park _____

MH Private Lot _____

RV _____

State Fee _____

Electric _____

Water Line _____

Sewer Line _____

Runner _____

Stemwall _____

Temporary Electric _____

Temporary Gas _____

Total _____

Property Owner

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Permitee

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Contractor Information

MH/RV Contractor: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ License # _____

Email _____

Manufactured Home/RV Data

Length _____ Width _____

Serial Number _____

Make _____ Year _____

Planning Department Data

Zoning _____

Setbacks: F _____ Rr _____ L _____ R _____

Acc Struct Setback _____

Planning Approval _____

Electrical Contractor: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ License # _____

Building Department Data

Issued by: _____

Remarks: _____

Concrete Contractor: _____

Address: _____

City: _____ State _____ Zip _____

Telephone _____ License# _____

I certify that I will comply with all the provisions of the State of Nevada and terms of all county ordinances regulating manufactured homes, recreational vehicles, building planning department clearance; I will secure all needed permits to connect utilities and for any construction of carports, decks, porches, awnings, accessory buildings, etc. This permit shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on site by such permit is suspended or abandoned for a permit of 180 days after the time the work is commenced.

Utility hookup will be approved upon completion and final inspection of manufacture home/RV, electrical, plumbing, gas, and the sewage disposal facilities and issuance of all permits.

Applicant: _____ Date _____
Signature of Contractor, Authorized Agent or Owner

Safety Seal Number _____