

SAN BERNARDINO COUNTY ENVIRONMENTAL HEALTH SERVICES
MOBILEHOME INSTALLATION AND ACCESSORY STRUCTURES PERMIT
To be filled in by Applicant - PLEASE PRINT OR TYPE

Park Name		Phone No. 909 816 3161		Permit No.																											
Job Site Address		City Yucaipa	Zip 92399	Location Code																											
Registered Owner's Name(s) Jian Chen		City Yucaipa		Date																											
Mailing Address 11034 Deer Canyon Dr, Rancho Cucamonga CA 91737		Space No.	Park ID No.	Type 2																											
		APN No.	Index No.	Type of Construction																											
<input checked="" type="checkbox"/> New <input type="checkbox"/> Reinstall <input type="checkbox"/> Retrofit <input type="checkbox"/> Other Type of MH Tiedowns: <input type="checkbox"/> Augers <input type="checkbox"/> Crossdrives <input checked="" type="checkbox"/> Pier System <input type="checkbox"/> Other Description of Work: Mobile Home Set Down				No. of Electrical Outlets in Accessory(ies) 0																											
Lot Dimensions	Lot Coverage (0.75 max.)	No. of Existing Accessories 0	Type of Existing Accessories 0	No. of Plumbing Fixtures in Accessory(ies) 0																											
Contractor DBA Owner/Builder		Contact N/A																													
Contractor's Mailing Address N/A		City N/A	Zip N/A	Phone No. N/A																											
PARK OWNER/MANAGER CERTIFICATION I, the undersigned, as owner or operator/manager of this park, hereby certify that all lot lines as shown on space no. _____ of plot plan are true and accurate. I also certify that the lot line corners are clearly and permanently marked. Approved: <u><i>Victor Chen</i></u> Date _____ <small>Mobilehome Park Owner/Operator/Manager (Signature Required)</small>				SCHOOL FEES PAYABLE TO: School Fees @ Rate \$ _____ @ _____ Total: _____ Paid By _____																											
<input checked="" type="checkbox"/> Owner/Builder WORKERS' COMPENSATION INSURANCE CERTIFICATION <input checked="" type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person so as to become subject to the Workers' Compensation laws of California. <input type="checkbox"/> CSLB exemption attached/on file. Workers' Compensation Policy No. _____ Expiration Date _____ I have read this application and agree to comply with all laws regulating construction. Contractor's Signature _____ Date _____ License Class _____ License No. _____ Expiration Date _____				Sewer Letter <input type="checkbox"/> _____ PAYABLE: S. B. COUNTY DEHS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Admin. Fee</td><td>\$</td><td></td></tr> <tr><td>Const. Fee</td><td></td><td></td></tr> <tr><td>Double Fee (Penalty)</td><td></td><td></td></tr> <tr><td>Elect. Fee</td><td></td><td></td></tr> <tr><td>Plumb. Fee</td><td></td><td></td></tr> <tr><td>Permit Issuance</td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td>TOTAL</td><td>\$</td><td></td></tr> </table>	Admin. Fee	\$		Const. Fee			Double Fee (Penalty)			Elect. Fee			Plumb. Fee			Permit Issuance						TOTAL	\$				
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INSTALLER'S ETS TIEDOWN SYSTEM CERTIFICATION (SB 750) I certify under penalty of perjury, and in accordance with the provisions of the California Code of Regulations, Title 25, Division 1, Section 1326 (b) (3) effective 5-12-95 (MP85-10), that the mobilehome tiedown system was not modified prior to the installation and was installed in accordance with the terms of the listing or in accordance with plans and specifications of an engineered tiedown system. Installer's Signature _____ Title _____ Date _____ <small>(Signature Required for Final Inspection)</small>																															
DEPARTMENT USE ONLY <input type="checkbox"/> ETS CERTIFICATION <input type="checkbox"/> ERBS <input type="checkbox"/> PERMANENT FOUNDATION HCD Bulletin _____ Manufacturer _____ Model/Number _____ SPA/Listing _____ Expiration _____		CALL FOR INSPECTION WITHIN 180 DAYS OR PERMIT WILL EXPIRE (909) 387-4198 (760) 243-3773 ALL DESERT AREAS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Sq. Ft.</th> <th>SPA No.</th> <th>Adjusted Area</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Total Adjusted Area</td> <td></td> <td></td> </tr> </tbody> </table>			Sq. Ft.	SPA No.	Adjusted Area	1				2				3				4				5				Total Adjusted Area			
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Note _____ _____ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ PAID BY _____ DATE _____ AMOUNT _____ RECEIPT NO. _____ BY: _____																													