



TOWN OF FRIDAY HARBOR
Post Office Box 219 • Friday Harbor, Washington 98250
(360) 378 – 2810 • FAX: (360) 378 – 5339 • www.fridayharbor.org

MANUFACTURED HOME PERMIT APPLICATION

Permit Number: _____
Date: _____
For Office Use Only

Legal property owner: _____ Phone: _____

Mailing address of legal owner: _____

Real Property Tax Parcel Number: _____ Serial #: _____

Dealer: _____ Phone #: _____

Address of Dealer: _____

Model _____ Year _____ Size _____

Name of Mobile Home Park: _____ Lot #: _____

State distance of structure from property lines:

Front _____ Side _____ Side _____ Rear _____

INSPECTIONS REQUIRED:

- Foundation/Set up _____
- Electrical _____ (By State Inspector)
- Plumbing/Sewer _____
- Final _____

ATTENTION: Skirting is required within 30 days of occupancy

CHOOSE ONE OF THE AFFIDAVITS BELOW:

INSTALLER / DEALLER AFFIDAVIT

I certify that I am currently registered in the State of Washington and the Town of Friday Harbor. I am aware of the ordinance requirements regulating the work for which the permit is issued and all work done will be in conformance therewith.

FIRM _____

SIGNATURE _____

ADDRESS _____

CONTRACTORS REG. #: _____

OWNER'S AFFIDAVIT

I certify that I am exempt from the requirements of the Contractor Registration law under Section 3, Chapter 126, State of Washington, and I am aware of the Town of Friday Harbor ordinance requirements for which this permit is issued, and that all work will be in conformance therewith.

OWNER _____

ADDRESS _____

DATE _____