

STATE OF NEW MEXICO

MICHELLE LUJAN GRISHAM, GOVERNOR

Linda M. Trujillo, Superintendent

Clay Bailey, Director

REQUEST FOR MANUFACTURED HOUSING PERMIT ALL FIELDS MUST BE COMPLETED OR REQUEST WILL BE DENIED (PLEASE PRINT)

	WEF ! IFFD3 !	1771 00						T .		No	-				
Company Name:						License No:									
Contact No:		1_	Taxi	<u> </u>											
Email Address: HOMEOWNERS INSTALLING HOME OR FOUNDATION WILL REQUIRE A TEST (\$50) & DIVISION ACKNOWLEDGEMENT															
Owners Name (Print):							Telephone No.:								
Owners Email Address (if applicable):															
Owners Address:	Las in application	-/·													
City:						Zip:			Co	unty:					
Site Address:															
City:						Zip:			Co	unty:					
MH Park Name (if ap		•													
Directions to location (Please be specific):															
MOBILE HOME INFORMATION ALL FIELDS MUST BE COMPLETED															
A4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -						E COIV	New		Jsed		LP Gas:		Y N	<u> </u>	
Manufacturer: Size:					<u> </u>	Doub			<u> </u>	T 6] Triple				
Mulliper of Office.							☐ Double Wide ☐ Triple Wide ☐ Triple Wide ☐ Double Wide ☐								
Serial #(s): HUD Label #(s):															
Sold By:						Dealer License No.:									
TYPE OF PERMIT Prior Plan approval on all Permanent Foundation and Alternative Systems requires a New Mexico Licensed Engineer or Manufacturer Design as required by Manufactured Housing Rules and Regulations 14.12.5.11(s).															
☐ Installation \$65 ☐ Permanent Fot															
Alternative System:			1			☐ MATTGUARD			□ OLIVER						
(Check One)	☐ Vecto	Vector :		SURE SAFE		☐ Ground Xi2							☐ Asphalt Xi2		
*All Installation & Foundation Permits															
Please specify the license number for the contractor completing the scope of work												•			
		Wa	Vater: Elec			trical: Gas			Foundation:			Ot	her		
					' D.	- D			7 ±)· T	7	ahaala ana				
Alteration, Modification, Repairs \$65 (Plan Review Required *): Please check one Recognition Marc Test Roofing* Stucco* Door* Like for Like? Y N														N	
☐ Pressure Test ☐ Merc Test					+	☐ Stucco*									
☐ Solar (Roof)*						☐ Skirting*		☐ Window* Like for Like?`					Y	N	
☐ Electrical	☐ HVAC		□ Ot	her (Spec									-		
				Misc.	. Per		nd fee								
☐ Refurbishing \$120						☐ Additional Inspection \$65									
☐ Gas Conversion (Plumbing Only)						\$15. Please specify type of work performing									
☐ Air pressure for gas line									Rep	aceme	nt of Orific	es			
Department Use Only Check No: Money Order No: Amount:															
Check No:			Mone	y Order I	No:					An	nount-				

