



TOWN OF QUARTZSITE

PLANNING AND ZONING DEPARTMENT

465 NORTH PLYMOUTH AVENUE • PO BOX 2812 • QUARTZSITE, AZ 85346
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MOBILE/MANUFACTURED HOME/PARK MODEL/OFFICE TRAILER INSTALLATION APPLICATION

Owner Name _____ Mailing Address _____
City, Town _____ State _____ Zip _____ Email _____
Phone _____ Fax _____ Cell Phone _____
Park Name _____ Installation Address _____
Home Owners Association or Park Owner's Approval (if Applicable) _____

Unit Manufacturer _____ Date of Mfg. Or Year _____ Value _____
Unit Serial # _____ Size _____ Model _____
HUD Labels: Full Serial Numbers _____ Installation Insignias _____
If State Approved Plan is required, Plan(s) Numbers: _____

Unit Installer's Name _____ Email _____
Address _____ City _____ State _____ Zip _____
License # _____ License Class _____ State Tax ID # _____
Phone # _____ Fax # _____ Cell # _____

Accessory Installer's Name _____ Email _____
Address _____ City _____ State _____ Zip _____
License # _____ License Class _____ State Tax ID # _____
Phone # _____ Fax # _____ Cell # _____

Dealer's Name _____ Email _____
Address _____ City _____ State _____ Zip _____
License # _____ License Class _____ State Tax ID # _____
Phone # _____ Fax # _____ Cell # _____

Check Attached Accessory Structure on your Contract:

Awning Garages Porch Skirting/Retaining Others

Check Utility: Water Sewer Septic Gas Electrical **No. of Hook-Ups:** _____

Size of Parcel/Lot _____ Acre _____ Sq. Ft. or _____ Ft. x _____ Ft. Town Water System Private Well

Is there a Public-Right-of-Way to this parcel/lot Yes No

Are there any other dwellings on this parcel/lot? (such as a House, Mobile, RV, Trailer, 5th Wheel, Park Model, Bus, Van or Other
Temporary or Permanent Structure) Yes No If yes, describe: _____

Are you the sole owner of this parcel/lot? or Renter/Lessee? Owner Lessee

Property Owner's Signature (If Lessee) _____

Tie Downs are required per the Office of Manufactured Housing specifications. Skirting is required per state standards. Masonry or wood-frame foundations, additions, etc. require a separate permit and cannot be included with this placement permit.

ACCEPTANCE OF APPLICATION IS NOT AN APPROVAL TO INSTALL

Permit Purchaser Signature _____ Date _____

FOR OFFICIAL USE ONLY

Zone _____ Flood Plain _____ Is an Elevation Certificate Required? Yes No Zoning Approval _____

Receipt # _____ Check _____ Amount _____ Date _____ Rec'd _____

Authorized Town Official _____