



TOWN OF SPRINGERVILLE
DEPARTMENT OF FIRE,
BUILDING AND LIFE SAFETY
418 E Main St
Springerville, AZ 85938



MANUFACTURED HOME INSTALLATION PERMIT APPLICATION

Check Utility	Check Attached Accessory Structure on your contract	
<input type="checkbox"/> WATER	<input type="checkbox"/> AWNING	<input type="checkbox"/> COOLER or AC SYSTEM
<input type="checkbox"/> SEWER / SEPTIC	<input type="checkbox"/> GARAGES	<input type="checkbox"/> APPROVED PLAN #
<input type="checkbox"/> GAS	<input type="checkbox"/> PORCH	<input type="checkbox"/> FLOOD ZONE PLAN #
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> SKIRTING/RETAINING	<input type="checkbox"/> OTHERS

Owner Information			
Name	Email Address	ZONE:	
Phone Number	Mailing Address: (Please include City, State and Zip Code)		
Installation Address			
Address INCLUDE PARCEL #	City	State AZ	Zip Code
Description			
Unit Manufacturer	Serial Number	Date of Mfg or Year	Size
Installer Information (List all licensed subcontractors on Supplement Form)			
Company Name	License Number	Classification	Phone Number
Email Address:	Address: (Please include City, State & Zip Code)		
Accessory Installer's Name (List all licensed subcontractors on Supplement Form)			
Company Name	License Number	Classification	Phone Number
Email Address:	Address: (Please include City, State & Zip Code)		
Dealer Name			
Company Name	License Number	Classification	Phone Number
Email Address	Address: (Please include City, State & Zip Code)		
Permit Purchaser			
Name	Date		
This Section For Office Use Only			
Permit Number:	Issue Date:	Issued By:	Permit Fee:
Check #:	Receipt #:		

Certificate of Occupancy will be sent upon request

PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUE

This permit WILL REQUIRE AT LEAST 2 INSPECTIONS AT \$94, one of which is reserved for accessory structures, if applicable.

Any additional inspections will be charged at the rate of \$47.00 per hour

IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO

CALL FOR ALL REQUIRED INSPECTIONS AND REINSPECTIONS

DISPLAY IN FRONT WINDOW FOR INSPECTION



TOWN OF SPRINGERVILLE
DEPARTMENT OF FIRE,
BUILDING AND LIFE SAFETY

418 E Main St
Springerville, AZ 85938
928/333-2656



**MANUFACTURED HOME INSTALLATION PERMIT APPLICATION
SUBCONTRACTOR SUPPLEMENT FORM**

PERMIT # _____

Please list all licensed subcontractors associated with the installation / accessory structures of the manufactured/mobile home (electrical, plumbing etc.).

Contractor's Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

Contractor's Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

Contractor's Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

Contractor's Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007



FACTORY BUILT-BUILDING INSTALLATION PERMIT APPLICATION

Owner Information				
Name		Email Address		
Phone Number		Mailing Address: (Please include City, State, Zip Code)		
Installation Address				
Address		City	State AZ	Zip Code
Description				
Manufacturer	Serial Number	Insignia	Size	Occupancy Type
<input type="checkbox"/> Permanent (Building installed for more than 6 months) <input type="checkbox"/> Temporary (Leased building installed for 6 months or less)				
<input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> N/A Local fire authority having jurisdiction: _____				
<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> N/A Local fire authority having jurisdiction: _____				
Installer/Contractor Information (List all licensed subcontractors on Supplement Form)				
Company Name		Email Address		
License Number	License Classification		Phone Number	
Address: (Please include City, State, Zip Code)				
Dealer Name				
Name		Email Address		
License Number	License Classification		Phone Number	
Address: (Please include City, State, Zip Code)				
Permit Purchaser				
Name		Date		
This Section For Office Use Only				
Permit Number:		DFBLS Plan Approval Number:		
Issued By:	Issue Date:	Permit Fee:	Check Number:	Receipt Number:

Certificate of Occupancy will be sent upon request

PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUED
IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO CALL FOR
ALL REQUIRED INSPECTIONS AND REINSPECTIONS

DISPLAY IN FRONT WINDOW FOR INSPECTION



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

MARICOPA COUNTY
1110 West Washington, Suite 100
Phoenix, Arizona 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

May 24, 2010

RE: DESIGN ROOF LOAD ZONE "SOUTH" IN ARIZONA

Dear Local/County Jurisdiction:

The purpose of this letter is to confirm the Arizona Department of Fire, Building and Life Safety's position on snow load requirements throughout Arizona. Simply stated, the Department fully supports any zoning requirement set by a local jurisdiction as long as that requirement complies with the federal preemption related to the construction of manufactured homes. Specifically, and to further clarify:

24 CFR 3280 the United States Department of Housing and Urban Development's ("HUD") construction standards for manufactured homes are regulations that preempt any State or local requirement; therefore, no State or local jurisdiction can require the construction of a manufactured home to exceed this standard. **The HUD construction standard for Snow Roof Loads designates all of Arizona as Design Roof Load Zone "South" or a 20 pound roof load zone.**¹

24 CFR 3285.103 installation standards for manufactured homes are regulations that apply to **NEW** manufactured homes. These regulations **do not preempt** State or local jurisdictions and; therefore, the State or local jurisdiction may require the installation of a **NEW** manufactured home to exceed this standard.²

(Note: federal regulations do not address pre-owned or used manufactured homes).

Therefore, a local jurisdiction may set a snow load requirement of 30 PSF (Middle Zone) or 40 PSF (North Zone) to protect residents and based on that requirement, must accept manufactured homes that either:

1. Have been constructed with a 30 or 40 PSF roof load (*these homes may require a special foundation system designed by an Arizona Registered Engineer and approved by the State*); or
2. Have been constructed with a 20 PSF (South Zone) roof load AND will be installed with an alternative option to meet the local snow load requirement. The local jurisdiction must define the alternative option(s) which may include a protective roof cover, a roof snow load maintenance plan, and/or an alternative reasonable option.

¹ <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&rgn=div5&view=text&node=24:5.1.3.1.1&idno=24>

² <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=5ef694d3c382ebc4a47fa643cc3e041b&rgn=div6&view=text&node=24:5.1.3.1.4.2&idno=24>

**DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY
OFFICE OF MANUFACTURED HOUSING**

IGA REPRESENTATIVE(S) ON-SITE: _____

LOCATION: _____

	C	NC	NA
Verifies permit is present and visible.			
Requires Manufacturer's Installation Manual, HUD Installation Standards or State approved installation plans on-site.			
Requires penetrometer or soil compaction report at time of inspection. Check grade and drainage away from unit. Does not allow installation on dissimilar soil types and surfaces without approval from the manufacturer or the State.			
Requires utility testing verification form or witnesses utility tests on new homes; gas required on all new and used.			
Verifies full serial number.			
Documents HUD labels or FBB manufacturer's certificate.			
Installation certificate for unit is affixed and blocks match work performed by the installer/contractor.			
Requires State Rehabilitation certificate for Pre-HUD mobile homes in parks.			
Reviews data plate for applicable roof load compliance, wind zone, or perimeter support requirements.			
Piers and pads are tight, spaced correctly, are serviceable, and in appropriate locations at doors, windows over 48" wide, and along perimeter if required.			
Anchoring type is appropriate and installed correctly.			
Accepts and reviews photos, or Inspects Marriage/Mod line connections (roof, walls, & floor).			
Close-off and weatherproofing is complete.			
Witnesses high and low pressure gas tests on gas supplied units.			
Inspects electrical connections. Power cord is adequate for size of unit. All unused knockouts are plugged in panel boxes. Strain relief clamps for conductors are secure. HUD homes require a main breaker in the home panel box. Gas units converted to electric comply with applicable codes, main breaker and supply can adequately support unit electrical loads. Conduit above grade is Schedule 80 or protected from physical damage. Flex conduit between rigid conduit and unit is 18"-36" in length			
Inspects water connections on discharge side of meter and crossovers, for support and protection from freezing. Water heater pressure relief valve has been extended to exterior of home or skirting and discharges at soil. Hose bibbs have a backflow preventer. Copper lines grounded.			
Inspects sewer drainage for proper slope, support, accessibility, cleanouts, and protection of sewer runs (sleeved through concrete) and clean-outs from physical damage and UV (painted). Transition between dissimilar sewer materials requires a mechanical transition fitting only.			
Inspects gas lines for support and are grounded. Black iron is painted or adequately wrapped if exposed and outside from under units. Shorts sections and connections have wrapping primer and have been wrapped.			
Flex dryer duct does not exceed 6 feet in length. Requires smooth rigid duct if distance exceeds 6 feet. Dryer duct discharges outside of unit or skirting, is not under unit.			
Inspects attached accessory structures to installation instructions, or state approved plan. Installation certificate(s) are affixed for each applicable licensee			
Inspects HVAC for proper pad size. Ensures breaker amps or fuses meet minimum/maximum AMP requirements. Ensures conductors are secured in disconnect, home panel, or pedestal. Conduit is rigidly secured within 12" of disconnect. Ductwork is supported off soil. Installation Certificate is affixed.			
Documents all violations not corrected immediately at time of inspection.			
Provides copy of violations to Installer/Contractor.			
Reinspects previously documented violations.			

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
OFFICE 602-364-1003 FAX 602-364-1052

UTILITY TESTING REPORT FORM

Permit Number _____

Installation Address _____

Unit Manufacturer _____

HUD Number _____ Serial Number _____

Installer Name _____ License Number _____

Installation Certificate Number _____

Dealer Name _____ License Number _____

Dealer Address _____

ALL TESTS SHALL COMPLY WITH 24 CFR §§ 3280 AND 3285

Note:

Water -3285.603

Sewer -3285.604

Electric -3285.701

Gas -3285.605

WATER TEST 3280.612 _____

SEWER TEST 3280.612 _____

GAS TEST 3280.705 _____

ELECTRICAL TEST 3280.810 (b) _____

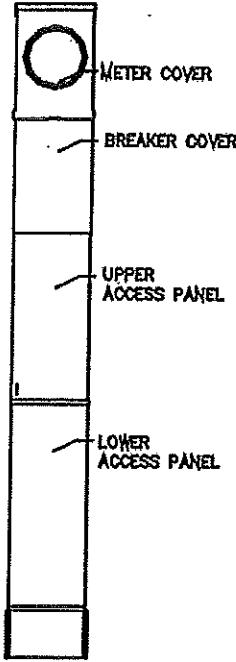
Date: _____

Signature: _____

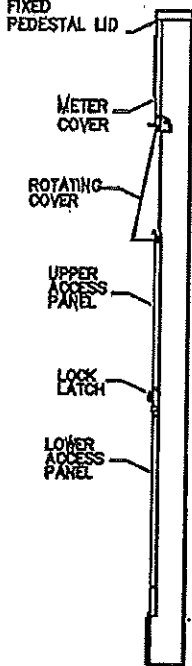
NOTES:

Electric meter pedestal

FRONT VIEW
METERED
RV - PEDESTAL



RIGHT
PROFILE VIEW
METERED
RV - PEDESTAL



FRONT VIEW
ROTATING BREAKER PANEL
COVER REMOVED

