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State of California  
Business, Consumer Services and Housing Agency  
Department of Housing and Community Development  
Division of Codes and Standards



## MOBILEHOME OR RECREATIONAL VEHICLE PARK GOVERNMENT AGENCY APPROVAL

This form is for use by permit to construct applicants for mobilehome parks, recreational vehicle parks, or additions/improvements as noted below.

The applicant listed below is applying to the California Department of Housing and Community Development (HCD) to construct a project which is located within \_\_\_\_\_ (city or county). Prior to issuing any construction permits, HCD must be assured that the project has received all required government approvals. Accordingly, HCD has instructed the applicant to obtain signatures from the agencies which are checked below. Comments and conditions of approval may be attached.

**Please indicate if your agency wishes to be contacted prior to final inspection approval by checking the box next to "Yes" under your printed name.** For agencies requesting final review, this form will be re-circulated prior to final inspection for signature confirming that the project is in compliance.

Project name \_\_\_\_\_

Project street address \_\_\_\_\_

Assessor's Parcel # \_\_\_\_\_

Description of work \_\_\_\_\_

Applicant / Owner \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Architect / Engineer / Contractor name \_\_\_\_\_

Role \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Contact person name \_\_\_\_\_ Phone number \_\_\_\_\_

### GOVERNMENT AGENCIES

NOTE: A permit application cannot be processed without the approval signatures from any agency checked below.

**Planning**

A signature here confirms the proposed construction is consistent with local planning requirements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, does your agency want to review the project/site prior to HCD finalizing the permit(s)?

Yes  No If yes, this form will be re-circulated prior to the final inspection for your signature below.

Final approval signature \_\_\_\_\_ Date \_\_\_\_\_

**Health**

Sign below to confirm the proposed construction is consistent with local health requirements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, does your agency want to review the project/site prior to HCD finalizing the permit(s)?

Yes  No If yes, this form will be re-circulated prior to the final inspection for your signature below.

Final approval signature \_\_\_\_\_ Date \_\_\_\_\_

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**Public Works**

Sign below to confirm the proposed construction is consistent with local public works requirements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, does your agency want to review the project/site prior to HCD finalizing the permit(s)?

Yes  No If yes, this form will be re-circulated prior to the final inspection for your signature below.

Final approval signature \_\_\_\_\_ Date \_\_\_\_\_

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**Fire Protection**

Sign below to confirm the proposed construction is consistent with local fire requirements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, does your agency want to review the project/site prior to HCD finalizing the permit(s)?

Yes  No If yes, this form will be re-circulated prior to the final inspection for your signature below.

Final approval signature \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_

Sign below to confirm the proposed construction is consistent with local \_\_\_\_\_ requirements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, does your agency want to review the project/site prior to HCD finalizing the permit(s)?

Yes  No If yes, this form will be re-circulated prior to the final inspection for your signature below.

Final approval signature \_\_\_\_\_ Date \_\_\_\_\_

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Comments \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_