

INSTRUCTIONS FOR COMPLETING & SUBMITTING REHABILITATION PERMIT APPLICATION

Complete the Rehabilitation Permit Application

Instructions for completing application Information:

1. Applicant name –Provide the information as noted.
2. Email address **(required)** –*Email address to whom electronic communication from the office will be sent.*
3. Mailing address –Provide information as noted.
4. Telephone number –Provide information as noted.
5. Mobile Home Park name –Provide information as noted.
6. Site address & space number –Provide information as noted.
7. Manufacturer –Provide information as noted.
8. Make or model –Provide information as noted.
9. Year of manufacture –Provide information as noted.
10. Size –Provide information as noted.
11. VIN/Serial number –Provide information as noted.
12. Name –*Installer and/or Contractor information performing rehabilitation work.*
13. Applicant name –*Contact person that is responsible for the submittal.*
14. Date of signature –Provide information as noted.

**PLEASE ENSURE PERMIT APPLICATION IS COMPLETELY FILLED
OUT AND LEGIBLE –Delays will result with incomplete and illegible
submittals**

PAYMENT:

Refer to the Fee Schedule for the permit cost.

Check or certified funds must be made out to: **Department of Fire, Building and Life Safety**

MAILING ADDRESS:

Permit Application and payment may be mailed or submitted over the counter to:

Department of Fire, Building and Life Safety
1110 W. Washington, Suite 100
Phoenix, AZ 85007