



**City of Twin Falls
Building Department**

324 Hansen Street East
P.O. Box 1907
Twin Falls, ID 83303-1907

Phone: 208-735-7238
Fax: 208-736-2256
www.tfid.org

Mobile Home Building Permit Application

****All information to be filled out in its entirety or application will not be taken in****

Owner _____	Mobile Home Installer _____
Address _____	License # _____ Expires _____
City _____	Address _____
Phone _____	City _____
Email _____	Phone _____

Park name and address _____ Lot _____

Signature from Park Representative _____ Date: _____

Home Information:

Homes make _____ Model _____ Year made _____
size _____ X _____

HUD Approved: yes ___ no ___ (Built before June 15, 1976 Rehabilitation Certificate required)

Rehabilitation Certificate completed? yes ___ no ___

Idaho Department of Building Safety tag no.(on mobile home) _____

Lot Requirements:

Parking spaces _____ (2 required, 9x20 each)

Distance from neighboring structures N _____ S _____ E _____ W _____ (10 ft min.) ("P" in location of parking area)

Provide site plan showing location and distance from other homes.

Can be drawn on the backside of this application

***Attach stair and tie down requirements. (See ID Division of Building Safety Website)

2. Project Value: _____

- A. Project Value is used to calculate fees for the building permit. Project Value is the total value of the construction work for which the permit is issued, **including overhead and profit** as well as finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems, other permanent equipment, and owner supplied items. Project value excludes the value of the land.

I certify that the value & scope of work provided above are the most accurate available at this time:

Print Name

Signature

Date