



City of Lovelock

Rodney Wilcox, Mayor
Jordan McKinney, Councilmember
Bonnie Skoglie, Councilmember
Christina Dickerman, Councilmember

Nicole Reitz, City Clerk
Perri Stewart, Deputy City Clerk
Mariah Mancebo, Deputy Police Clerk

Manufactured Home Permit Application

For Office Use Only

Application received by _____ Permit No. _____

Application must be filled in completely. Incomplete applications will not be accepted.

Permits requested:

- manufactured home setup electrical
 manufactured home perimeter foundation septic system (requires additional paperwork)
 manufactured home runners

Application Date _____

Project Location

Project Address _____

Assessor's Parcel No. _____ Location in County _____

Manufactured Home Park _____ Space No. _____

Applicant

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Property Owner

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Project Information

Provide a detailed description of the project _____

Use of home:

- Residential
 Commercial

Location of home:

- Manufactured home park
 Private lot

Lot Size (acres or sq. ft.) _____

Dimensions of Lot _____

Setup will be done by:

- Applicant/Property owner
 Contractor

Type of foundation system to be used:

- new perimeter foundation new runners
 existing perimeter foundation existing runners

Distance from site to nearest waterway _____

List other structures on property _____

"This Institution is an equal opportunity provider and employer."

P.O. Box 238 400 14th Street Lovelock, NV 89419

Telephone (775)-273-2356 Fax (775)-273-7979

Email: clerk@cityoflovelock.com

Manufactured Home Information

Manufacturer _____ Serial No. _____

Model _____ Year _____ Ampere Rating _____

Size: Length _____ Width _____

Home purchased from: Private Party Dealer Name _____

City _____ State _____

County and State of origin _____

Contractor Information

Provide information for all contractors involved with the project. Please attach second sheet with any additional contractors.

Setup Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Concrete/Masonry Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Electrical Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Plumbing Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Septic System Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Applicant Signature

I hereby state that the information provided in this application is correct and true to the best of my knowledge. I agree to comply will all applicable state laws and Pershing County ordinances and adopted codes.

X _____ Date _____

Two sets of construction plans and one copy of site plan are required to be submitted with each application.