



City of Centralia, Building Department  
118 W Maple Street ~ PO Box 609  
Centralia WA 98531  
(360) 330-7662

Office Use Only  
Application Approval Number

Type the following information or place check marks in the appropriate boxes, then print the form.

New Home     Used Home     Single Section Home     Multi Sectional Home

Date of Manufacture as recorded on the home's Data Plate:

The home will be installed:     On Private Property     In a Manufactured Home Park

Proposed Start Date:     Completion Date:

Foundation Type:     Crawl space     Basement     Monolithic Slab     Ground Set

Resident Name:

Site Address:

**SITE PLAN REQUIRED FOR ALL APPLICATIONS**

Phone #:

Cell #:

**Describe the work to be performed under this application :** \_\_\_\_\_

**Installer:** Identify person responsible for the installation     WA Licensed Installer     Home Owner

Installer's Name:     Installer License #:

Installer's Wains #     Wains Expiration date:

Address:     City:     Phone #:

Above Installer is responsible for:     Foundation     Anchoring     Support System     Electrical     Plumbing     Gas/Mech

**Electrical Work:** Electric permits to be obtained from the Washington Department of Labor and Industries.     WA Licensed Electrical Contractor     Home Owner

Permit required: Yes     No     WA License #:

**Plumbing Work:** Identify the person responsible for the plumbing work.     Plumber     Installer     Home Owner

Plumbing Installer:     Office Phone:

Address:     City:     WA License #:

**Mechanical Work:** Identify the person responsible for the Mechanical Work.     Mechanical Contractor     Home Owner

Mechanical Contractor:     Address:

City:     Office Phone:     Cell #:

I hereby apply for installation approval and I acknowledge that: the plan review submittals and the information above is correct, complete, and accurate; the work performed will be in conformance with the manufactured home's installation instructions, State Of Washington Factory Assembled Structure Requirements, RCW 43.22; WAC 296-150. I understand this application is not a permit and work is not to start without a Department approval, and that all work will be in accordance with the approved plan.

NAME OF APPLICANT ( PLEASE PRINT) \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

Review/Manufactured Home Installation Plan Review Application

**CLICK TO SUBMIT**