TOWN OF PARADISE
5555 SKYWAY • PARADISE, CALIFORNIA 95969-4931
TELEPHONE (530) 872-6291 FAX (530) 877-5059
www.townofparadise.com

NEW INSTALLATION OF A MANUFACTURED HOME

Requirements for Obtaining a Building Permit

Three (3) Complete Sets of the Following:

- ☐ Plot Plan showing all proposed and existing structures, septic system, easements, driveways, etc. Show all distances to property lines and between structures, septic system, easements and driveways. Indicate building setback lines.
- ☐ Foundation system plans approved by the State of California or a California licensed engineer.
- ☐ Floor plan with descriptions of rooms and overall dimensions of the home.
- ☐ Manufacturer's requirements for main beam and perimeter supports.
- ☐ Location and loads of marriage line columns.
- ☐ Snow load documentation showing compliance with loading criteria.

One (1) Each of the Following:

- ☐ Completed HCD Form 433(a), Notice of Manufactured Home or Commercial Coach Installation on a Foundation System (including legal description of property and HCD Title Search).
- ☐ Completed HCD Form 433(b), Notice to Assessor.
- ☐ Check in the amount of $11.00 per transportable section, made payable to the Department of Housing and Community Development (HCD).
- ☐ Tax Clearance Certificate from the county tax assessor of origin (existing units) or a Manufacturer's Certificate of Origin (new units).
- ☐ Proof of property ownership (i.e. copy of grant deed).
- ☐ Provide written evidence that the registered owner owns the unit(s) free of any liens or provide a unit lienholder(s) release.
- ☐
- ☐ Additional floor plan and site plan for the Onsite Sanitation Division.

Town of Paradise

Development Services
5555 Skyway Paradise CA 95969
(530) 872-6291 Fax (530)877-5059
www.townofparadise.com

IMPORTANT ANNOUNCEMENT ON MOBILE/MANUFACTURED HOMES
all mobile/manufactured homes being installed on private property be manufactured after June 1976 or HUD approved.

PMC §17.36.100. Mobile home provisions.

A mobile home or transportable factory built housing unit may be used as a dwelling in all zones allowing single-family dwellings when such mobile home meets the following minimum requirements in addition to all other provisions applicable to the site. (Government Code Section 65852.3)

1. The mobile home or transportable factory built housing unit shall be structurally certified per requirements of the National Manufactured Housing Construction and Safety Act of 1974.
2. The mobile home shall be installed on an approved permanent foundation.
3. Roofs shall have a minimum pitch of three in twelve (3:12), and shall be shingled or tiled in a manner sufficient to have the same appearance as a standard dwelling built on the site.
4. Siding material shall be masonry, wood, stucco or similar material having the same appearance as a standard dwelling built on the site.

In addition Town of Paradise is located in the Wildland Urban Interface (WUI) Area effective September 1, 2008 the Department of Housing and Community Development adopted new regulations:
If the mobile/manufactured home to be installed is:

1. **Built after September 1, 2008. No modifications are required.**
2. **All other year models constructed after June 1976 can be installed but may need to be modified to meet the Department of Housing and Community Development regulations for installation in WUI areas, these modifications may include any or all of the following: a. Roofing, b. Eave/Attic Venting, (**See paragraph below)**

**For homes built prior to December 31, 2007, permits may be required from HCD to bring the mobile/manufactured up to current codes. Contact HCD directly at 916-255-2501 or visit their website at www.hcd.ca.gov to determine permit requirements and costs. Once the home has been modified you will be issued a label to install in the mobile to indicate it has been modified and complies with current regulations. The Town of Paradise building department can then proceed with the mobile home installation permit.

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
MANUFACTURED HOUSING PROGRAM

THIS SPACE FOR RECORDER USE ONLY

RECORDING REQUESTED BY:
Town of Paradise

WHEN RECORDED MAIL TO:
NAME
Town of Paradise, Development Services
ADDRESS
5555 Skyway
CITY, STATE, ZIP CODE
Paradise, CA 95969

ONLY THE ENFORCEMENT AGENCY MAY RECORD THIS DOCUMENT

NOTICE OF MANUFACTURED HOME, MOBILEHOME OR COMMERCIAL MODULAR – INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document by the enforcement agency indicates compliance with California Health and Safety Code Section 18551(a). This document is evidence that the enforcement agency has inspected the installation and issued a Certificate of Occupancy, form HCD 513C, for the unit described herein, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

ALL INFORMATION BELOW MUST BE ENTERED BY THE ENFORCEMENT AGENCY

PROPERTY INFORMATON

REAL PROPERTY OWNER NAME(S)

MAILING ADDRESS

CITY | COUNTY | STATE | ZIP CODE

INSTALLATION ADDRESS (If different)

CITY | COUNTY | STATE | ZIP CODE

ENFORCEMENT AGENCY INFORMATION

Town of Paradise
ENFORCEMENT AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

5555 Skyway
MAILING ADDRESS

Paradise | Butte | CA | 95969
CITY | COUNTY | STATE | ZIP CODE

BUILDING PERMIT NO. | (____) TELEPHONE NUMBER

☐✓ **EVIDENCE OF UNIT LIENHOLDER(S) RELEASE, OR CONSENT TO INSTALLATION PROVIDED/ATTACHED – SEE REVERSE**

SIGNATURE OF ENFORCEMENT AGENCY OFFICIAL | **DATE**

OWNER INFORMATON

UNIT OWNER (If also property owner, write "SAME")

MAILING ADDRESS

CITY | COUNTY | STATE | ZIP CODE

DEALER INFORMATION

DEALER NAME (If not a dealer sale, write "NONE")

DEALER LICENSE NUMBER

DEALER BUSINESS ADDRESS

CITY | COUNTY | STATE | ZIP CODE

MANUFACTURED HOME/MOBILEHOME/COMMERCIAL MODULAR UNIT DESCRIPTION

MANUFACTURER'S NAME | MODEL NAME / NUMBER | MANUFACTURE DATE

SERIAL NUMBER(S)

LENGTH X WIDTH | CA INSIGNIA(S)/HUD LABEL NUMBER(S)

ASSESSOR'S PARCEL NUMBER | HCD REGISTRATION DECAL NUMBER | MCO NUMBER (New MH only)

REAL PROPERTY LEGAL DESCRIPTION

DISTRIBUTION – Original to County Recorder; One Copy to HCD; One Copy to Applicant; One Copy to Enforcement Agency

GENERAL GUIDE AND INSTRUCTIONS ON REVERSE

STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIIVISION OF CODES AND STANDARDS

NOTICE TO ASSESSOR

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME, MOBILEHOME OR COMMERCIAL MODULAR AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

1. The Basic Unit $_____
2. Optional Equipment & Upgrades $_____
3. Subtotal $_____
4. Accessories & Accessory Structures $_____
5. Other (Specify)_____ $_____
6. Delivery & Installation $_____
7. TOTAL SALES PRICE $_____

DOES THE BASIC PRICE INCLUDE:

The Towbar(s)	❑ YES	❑ NO
Tires & Wheels	❑ YES	❑ NO
Wheelhubs & Axles	❑ YES	❑ NO

LIST NUMBER OF ROOMS:

Bedrooms	_____	Dining Room	_____
Baths	_____	Family Room	_____
Kitchen	_____	Utility Room	_____
Living Room	_____	Other Rooms	_____

Type of Exterior Wall Covering: _____
(Metal, Wood, etc.)

Type of Roof Covering: _____
(Metal, Wood, Composition, etc.)

Heating Type: ❑ Forced Air ❑ Floor or Wall

Air Conditioning:	❑ YES	❑ NO	Tons _____
Evaporative Cooler:	❑ YES	❑ NO	
Built-in Cooktop:	❑ YES	❑ NO	
Built-in Oven:	❑ YES	❑ NO	
Built-in Dishwasher:	❑ YES	❑ NO	
Built-in Wet Bar:	❑ YES	❑ NO	
Refrigerator:	❑ YES	❑ NO	
Roof Overhang (Eaves):	❑ YES	❑ NO	_____ inches
Furniture Included:	❑ YES	❑ NO	Value $_____

			(LENGTH X WIDTH)
Carport:	❑ YES	❑ NO	_____ X _____
Awning:	❑ YES	❑ NO	_____ X _____
Porch:	❑ YES	❑ NO	_____ X _____
Garage:	❑ YES	❑ NO	_____ X _____
Storage Shed:	❑ YES	❑ NO	_____ X _____
Skirting:	❑ YES	❑ NO	_____ LINEAL FEET

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is

_____

_____
(Signature)

_____
Address

_____

_____
Telephone

MOBILE HOME TAX CLEARANCE REQUEST FORM
COUNTY OF BUTTE

DATE OF REQUEST: _____ REASON FOR REQUEST: (PLEASE SPECIFY) _____

(i.e.: INTO TRUST, ADD TO / REMOVE FROM TITLE, PRIVATE SALE, NAME CHANGE, PARENT TO CHILD, OTHER)

MOBILE HOME ASMT #: _____ PARCEL ASMT#: _____

MANUFACTURER: _____ YEAR OF MANUFACTURE: _____

LICENSE/DECAL NUMBER: _____ SERIAL NUMBER(s) #: _____

SALES PRICE $: _____ #: _____

NAME & ADDRESS OF CURRENT REGISTERED OWNER (SELLER)

_____

_____

_____

_____

CURRENT LOCATION OF MOBILE

_____

_____

_____

OWNER CONTACT PHONE # _____

NAME & ADDRESS OF BUYER – FOR FUTURE TAX BILL MAILINGS

_____

_____

_____

_____

NEW LOCATION OF MOBILE IF APPLICABLE

_____

_____

_____

BUYER CONTACT PHONE # _____

WHEN THE CLEARANCE CERTIFICATE IS COMPLETE, WOULD YOU LIKE TO HAVE IT: PICKED UP OR MAILED (CIRICLE ONE)
MAIL TO:

ESCROW OR ATTORNEY NAME & ADDRESS

_____

_____

_____

ESCROW NUMBER

_____

NAME & PHONE NUMBER OF ESCROW CONTACT

_____

_____

_____

PLEASE COMPLETE AND SUBMIT THIS FORM, ALONG WITH A COPY OF YOUR CERTIFICATE OF TITLE, IN ONE OF THE FOLLOWING WAYS:

MAIL TO: BUTTE COUNTY TAX COLLECTOR
25 COUNTY CENTER DR. SUITE 125
OROVILLE, CA. 95965

FAX TO: (530) 538-6551
EMAIL TO: taxes@buttecounty.net
CONTACT US: (530) 538-7701

PLEASE DO NOT WRITE BELOW THIS LINE - FOR TAX COLLECTOR'S USE ONLY

RECORD #

TR #

DEMAND FROM C. C. DONE: Y N

ESTIMATE BASED ON SALES PRICE: Y N

SYSTEM VALUE: Y N

CURRENT YEAR: ___ /___ 1ST $ 2ND $ $

EST. MH TAXES 20__ / 20__ $

PRIOR TAX YEAR(S) $

TOTAL AMOUNT DUE: $

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM

INFORMATION - TITLE SEARCH REQUEST

SECTION I. REQUESTOR INFORMATION

Name: _____

Company Name: _____

Address: _____
Street Address or P.O. Box *City* *State* *Zip*

File No.: _____ Telephone No.: (_____) _____

SECTION II. DESCRIPTION OF UNIT

INSTRUCTIONS: If a multiple unit manufactured home/mobilehome is currently registered under MULTIPLE DECALS (or LICENSE PLATES), show the number for each and the corresponding serial numbers. If registered under ONE DECAL, show the decal number once, followed by a vertical line in the decal column to correspond with the serial numbers.

DECAL/LICENSE NUMBER(S)	SERIAL NUMBER(S)	HUD LABEL / HCD INSIGNIA #

SECTION III. REGISTERED OWNER INFORMATION

Registered Owner Name: _____
Last *First* *M.I.*

Address: _____
Street *City* *State* *Zip*

SECTION IV. SERVICE REQUESTED

☐ INFORMAL $25.00 Information indicating the current status of the Department's record for the unit as of the date the inquiry is processed.

☐ FORMAL $35.00 Information indicating the current status of the Department's record for the unit as of the date the inquiry is processed, with follow-up notices of any changes to the record within 120 days of the initial inquiry.

NOTE: Section I, "Requestor Information" must be completed in full to receive follow-up notices.

Mail the completed form and appropriate fee to: HCD - Title Search Request, P.O. Box 1828, Sacramento, CA, 95812-1828. For information on establishing a requestor account, contact HCD at (916) 274-0676.

SECTION V. CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information received will not be used for any unlawful purpose.

Executed on _____ at _____
Date *City* *State*

Signature: _____

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM

LIEN SATISFIED

SECTION I. DESCRIPTION OF UNIT

This unit is a:

☐ Manufactured Home/Mobilehome ☐ Commercial Modular ☐ Floating Home ☐ Truck Camper

The Decal (License) No.(s) of the unit is: _____

The Trade Name of the unit is: _____

The Serial No.(s) of the unit is: _____

SECTION II. DEBTOR(S) NAME(S)

Name of Debtor(s): _____

_____

SECTION III. LIENHOLDER'S CERTIFICATION

This is to certify that our/my lien in the name(s) of the debtor(s) shown above against the described unit has been fully satisfied and has not been assigned to any other party.

I/We certify under penalty of perjury that the foregoing is true and correct.

Print or Type Name of Legal Owner or Jr. Lienholder (Lender):

_____

Signature of Legal Owner, Jr. Lienholder (Lender) or their Authorized Agent:

_____ Date _____

Address _____
Street Address or P.O. Box *City* *State* *Zip*