



Title Elimination Request for Verification of Manufactured Home Permit

Building & Fire Safety – Yakima County Public Services

Office Use Only

MHTE: _____

PC: _____

Form: #BFS0016a
Revised 1-6-16**Site Information:**

Parcel Number: _____ Parent Parcel: _____

Site Address: _____

Sub-Division or Short Plat # _____ Lot Number: _____ Space Number: _____

Auditor File #, MH Park: _____

Manufactured Home Information:

Year Manufactured: _____ Dimensions: _____ X _____ Serial or VIN #: _____

Year Home Placed on Parcel: _____ Make: _____ Model: _____

Owner / Purchaser Information:

Current Owner: _____ Telephone #: _____

Previous Owner(s): _____

Is there more than one residence on the parcel? Yes No

Was this home placed on a Temporary basis OR any of the following uses?:

1. Temporary Caretaker/Infirmed Relative: Yes No
2. Accessory Farm Worker Housing OR Farm Labor Shelter Yes No
3. Other (Please explain) _____

Requested By:

Requested By (Contact Person Name): _____

Name of Business if applicable: _____ E-mail: _____

Telephone: () _____ Fax: () _____

By signing this form you are certifying that the above information is accurate. I understand that all information must be complete in order to process my request, and staff will respond within five working days. (Lack of OR incorrect information may delay in locating a permit). I **acknowledge that all requests will be handled on a first come, first serve basis only.**

Signature: _____ Date: _____

YAKIMA COUNTY - OFFICIAL USE ONLYPermit Number: **MHP**

Issued To: _____	Date: _____	Inspections Done? Yes <input type="checkbox"/> No <input type="checkbox"/>	Final Inspection? No <input type="checkbox"/> Yes <input type="checkbox"/> / Date Final _____
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**The following actions are required before Final Inspection can be scheduled or Title Elimination can be signed off:
(Check box(s) below as applicable)**

 No Permit Found – A new application, site plan, fees and permit are required.

Permit Expired: Yes <input type="checkbox"/> No <input type="checkbox"/>	Need to <input type="checkbox"/> Reinstate Permit OR <input type="checkbox"/> New Permit	Fees Due \$ _____ Fee is subject to change
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 Permits are required for accessory structure(s): _____

Comments: _____

OK To Sign Off? Yes No

DATE: Notified Customer _____ Completed: _____

Tag Case/Parcel _____ Verified by: _____