



TITLE ELIMINATION REQUEST FOR VERIFICATION OF MANUFACTURED HOME PERMIT

Yakima County Public Services—Building & Fire Safety
128 North Second Street Fourth Floor Courthouse Yakima, Washington 98901
(509) 574-2300 • 1-800-572-7354 • FAX (509) 574-2301 • www.co.yakima.wa.us

MHTE: _____

PC: _____

Site Information:

Parcel Number: Parent Parcel:

Site Address:

Sub-Division or Short Plat # Auditor File #, MH Park: Lot Number: Space Number:

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 once 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 ONLY

Permit Number: **MHP**

Issued To:	Date:	Inspections Done?	Final Inspection?	No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> / Date Final _____	

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 No Need to Reinstate Permit OR New Permit Fees Due \$ _____
Fee is subject to change

Permits are required for accessory structure(s):

Comments:

OK To Sign Off? Yes No

DATE: Notified Customer _____ Completed: _____

Tag Case/Parcel _____

Verified by: _____