



## *County of Modoc* **RETRO-FIT FOUNDATION SYSTEMS**

*All required information, shall be returned in clear, or clearly legible copies. Forms provided by Modoc County shall be returned in the same exact form as they have been provided. Faxed information, poor quality or reduced copies will likely not be accepted. Provide the following:*

- ☐ A signed application for permit completed in full.
- ☐ One (1) copy of the Legal Description of the property, this shall include the first page of the deed showing the legal property owner.
- ☐ Written consent from the person holding legal title to the Mobilehome to install the mobile home onto a foundation system.
- ☐ Written evidence that the mobile home owner owns or holds transferable title to the real property where the mobile home is to be installed on a foundation system.
- ☐ One (1) copy of the completed \*HCD, FORMS 433(A) and 433(B).
- ☐ The applicant shall surrender the pink slip or original Certificate of Title. **Note:** If there is no pink slip or the original Certificate of Title is lost, a title search should suffice or provide a completed \*HCD Form 480.4, "APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE" shall be submitted with the signature of the original owner(s) of the units instead.
- ☐ The applicant shall surrender the original Registration for the unit(s). **Note:** If the registration has been lost, provide a completed \*HCD Form 481.2, "APPLICATION FOR DUPLICATE REGISTRATION," this shall be submitted with the signature of the legal owner.
- ☐ The applicant shall surrender the original Decal or License plate or decal for the mobile home.
- ☐ One completed and signed Modoc County "RETRO-FIT FOUNDATION INFORMATION FORM".
- ☐ One (1) copy of the Modoc County "TAX CLEARANCE CERTIFICATE" (This application is provided in this packet (page 3) and shall be taken to the Modoc County Tax Collectors' Office for the issuance of the certificate required).
- ☐ One completed and signed SRA acknowledgment form.
- ☐ Two (2) sets of foundation system plans approved by the State of California (\*SPA) or a plan prepared by a registered California engineer. (Reduced copies of (\*SPA) plans will not be accepted).

**\*HCD:** *State of California Housing and Community Development Department.  
Redding Office, Phone (530) 224-4815 Sacramento Office, Phone (916) 255-2501*

**\*SPA:** *Standard Plan Approval, plan review and approval performed by HCD.*

**NOTE:** *SPA plans are subject to local requirements for plan standards and under floor enclosures.*

**RETROFIT FOUNDATION INFORMATION FORM**  
**THIS FORM TO BE COMPLETED BY THE PERMIT APPLICANT**

Modoc County Code (MCC), Title 15 allows mobilehomes permitted prior to June 15, 1997 which were installed in accordance to Health & Safety Code Section 18613 (e.g. a tie-down system) to be installed on an engineered retro-fit foundation system pursuant to HSC Section 18551 without conforming to the requirements for enclosure standards as are required by local code for newly installed manufactured homes.

**1) PRESENT UNIT OWNER:**

NAME : \_\_\_\_\_ PHONE #:( ) \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
P.O. Box or Street Address #

\_\_\_\_\_ City State Zip Code

**2) UNIT ORIGIN:**

- ☐ This mobilehome was originally permitted by (If same as the UNIT OWNER, state "SAME");

Name: \_\_\_\_\_

Original Installation Permit Number: \_\_\_\_\_

**3) UNIT & MANUFACTURERS INFORMATION:**

Manufacturer: \_\_\_\_\_ Year of Mfg.: \_\_\_\_\_

Model: \_\_\_\_\_ Total Size of Unit(s): \_\_\_\_\_ X \_\_\_\_\_  
Length Width

**HUD homes only:** Roof Live Load: \_\_\_\_\_ (PSF) Wind Zone: \_\_\_\_\_ Climate Zone: \_\_\_\_\_

☐ Singlewide (Unit 1) ☐ Double Section (Unit 2) Other (Specify): \_\_\_\_\_

Serial number of the home: \_\_\_\_\_

HUD or CA. Unit Label #'s: \_\_\_\_\_  
Singlewide (Unit 1) Double Section (Unit 2) Triple Section (Unit 3)

**I hereby certify that I understand that the information as stated will supplement the application for installation permit, that the permit is based on the unit information provided and that it is true and correct.**

**X** \_\_\_\_\_ **X** \_\_\_\_\_

**APPLICANT SIGNATURE**

**(PLEASE PRINT)**

**Date:** \_\_\_\_\_

APPLICATION TO BE ISSUED A TAX CLEARANCE CERTIFICATE

Please attach a copy of the ownership certificate or latest registration for this mobilehome

Reason for requesting tax clearance certificate: \_\_\_\_\_

Description: Mobilehome make \_\_\_\_\_ Year Mfg. \_\_\_\_\_

No. of Units \_\_\_\_\_ VIN/Serial No. \_\_\_\_\_

Decal No. \_\_\_\_\_

Current registered owner  
name and address: \_\_\_\_\_

Present location address  
and parcel number  
of the mobilehome: \_\_\_\_\_

If mobilehome is being sold or moved, the following information must be answered:

New owner's  
name and address: \_\_\_\_\_

New location address  
of mobilehome: \_\_\_\_\_

Date mobilehome was sold or moved: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant

Return completed application  
to: Modoc County Tax Collector  
204 South Court Street  
Alturas, CA 96101

Title

Address

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

NAME

STREET  
ADDRESS

CITY,  
STATE  
and ZIP

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL MODULAR  
INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the enforcement agency indicated is in accordance with California Health and Safety Code Section 18551(a). This document is evidence that the enforcement agency has issued a certificate of occupancy for installation of the unit described hereon, 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.

REAL PROPERTY OWNER

ENFORCEMENT AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

MAILING ADDRESS

MAILING ADDRESS

CITY COUNTY STATE ZIP

CITY COUNTY STATE ZIP

INSTALLATION MAILING ADDRESS, IF DIFFERENT

BUILDING PERMIT NO. TELEPHONE NUMBER

CITY COUNTY STATE ZIP

SIGNATURE OF ENFORCEMENT AGENCY OFFICIAL DATE

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

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

MAILING ADDRESS

DEALER LICENSE NO.

CITY COUNTY STATE ZIP

UNIT DESCRIPTION

MANUFACTURER'S NAME DATE OF MANUFACTURE MODEL NAME/NUMBER

SERIAL NUMBER(S) LENGTH X WIDTH INSIGNIA/LABEL NUMBER(S)

ASSESSOR'S PARCEL NUMBER HCD REGISTRATION DECAL NUMBER MCO NUMBER

REAL PROPERTY LEGAL DESCRIPTION

HCD FORM 433(A) Rev 3/2006



WHITE—County Recorder CANARY—HCD PINK—Applicant GOLDENROD—Building Dept.

**NOTICE TO ASSESSOR  
HCD 433(B) 4/86**

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME  
MOBILEHOME OR COMMERCIAL COACH 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	\$ _____	Type of Exterior Wall Covering: _____ (Metal, Wood, etc.)
2. Optional Equipment & Upgrades	\$ _____	Type of Roof Covering _____ (Metal, Wood, Composition, etc.)
3. Subtotal	\$ _____	
4. Accessories & Accessory Structures	\$ _____	Heating Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Floor or Wall
5. Other (Specify) _____	\$ _____	
6. Delivery & Installation	\$ _____	Air Conditioning: <input type="checkbox"/> YES <input type="checkbox"/> NO    Tons _____
7. TOTAL SALES PRICE	\$ _____	Evaporative Cooler: <input type="checkbox"/> YES <input type="checkbox"/> NO

**DOES THE BASIC PRICE INCLUDE:**

The Towbar(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tires & Wheels	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wheelhubs & Axles	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Built-in Cooktop:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Built-in Oven:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Built-in Dishwasher:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Built-in Wet Bar:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Refrigerator:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Roof Overhand (Eaves):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ inches
Furniture Included:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Value \$ _____

**LIST NUMBER OF ROOMS:**

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

			(LENGTH X WIDTH)
Carport:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Awning:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Porch:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Garage:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Storage Shed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Skirting:	<input type="checkbox"/> YES	<input type="checkbox"/> 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

# ***COUNTY of MODOC***

## **State Response Area (SRA) Acknowledgement Form**

***All SRA requirements listed herein shall be met by the property owner, prior to final inspection of the residence by Modoc County Building & Safety. (For more information please contact Cal Fire at 530-233-3436.)***

***Road Standards for Fire Equipment Access:*** All surfaces shall be capable of supporting a 40,000-pound load. The grade for all roads, streets, private lanes and driveways shall not exceed 16 percent. All driveways shall provide a minimum 10-foot traffic lane and unobstructed vertical clearance of 15 feet along its entire length. Driveways exceeding 150 feet in length shall provide a turnout near the midpoint of the driveway. Where the driveway exceeds 800 feet, turnouts shall be provided no more than 400 feet apart. A turnaround shall be provided at all building sites on driveways over 300 feet in length and shall be within 50 feet of the building. Gate entrances shall be at least 2 feet wider than the width of the traffic lane(s) serving that gate. All gates providing access from a road to a driveway shall be located at least 30 feet from the roadway and shall open to allow a vehicle to stop without obstructing traffic on that road. Where a one-way road with a single lane provides access to a gated entrance, a 40-foot turning radius shall be used.

***Standards for Identifying Streets, Roads, and Buildings:*** All buildings shall have a permanently posted address, which shall be placed at each driveway entrance and be visible from both directions of travel along the road. Where multiple addresses are required at a single driveway, they shall be mounted on a single post.

***Minimum Private Water Supply Reserves for Emergency Fire Use:*** A water storage tank may be required. (Contact Cal Fire)

- ☐ Pre 1991 Water Storage Tank Exemption. (Office Use Only.)

***Fuel Breaks and Greenbelts:*** The property owner shall maintain around and adjacent to the building or structure, a firebreak made by removing and clearing away, for a distance of not less than 30 feet on each side of the building or structure or to the property line, whichever is nearer, all flammable vegetation or other combustible growth. The property owners shall maintain around and adjacent to the building or structure additional fire protection or firebreak by removing all brush, flammable vegetation, or combustible growth that is located within 100 feet from the building or structure or to the property line or at a greater distance if required by state law, or local ordinance, rule, or regulation. Grass and other vegetation located more than 30 feet from the building or structure and less than 18 inches in height above the ground may be maintained where necessary to stabilize the soil and prevent erosion. These subdivisions do not apply to single specimens of trees or other vegetation that is well-pruned and maintained so as to effectively manage fuels and not form a means of rapidly transmitting fire from other nearby vegetation to any building or structure. The property owner shall remove that portion of any tree that extends within 10 feet of the outlet of a chimney or stovepipe. The property owner shall maintain any tree adjacent to or overhanging a building free of dead or dying wood. The property owner shall maintain the roof of a structure free of leaves, needles, or other dead vegetative growth.

No exemption or variance shall apply unless and until the occupant thereof, or if there is no occupant, the owner thereof, files with the department, in a form as the director shall prescribe, a written consent to the inspection of the interior and contents of the structure to ascertain whether this section and the regulations adopted under this section are complied with at all times.

I hereby acknowledge the above listed requirements, and commit to fulfilling them as required by state law.

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**Signature of Property**

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**Print Name**

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**Date**



DECAL (LICENSE) NUMBER(S)	SERIAL NUMBER(S)	TRADE NAME
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### SECTION I. CERTIFICATION OF MISSING TITLE

The original HCD Certificate of Title or DMV Ownership Certificate (pink slip) was:  
☐ Lost, ☐ Stolen. If the title was lost or stolen after receiving it from a party other than the Department, enter the party's name here: \_\_\_\_\_  
☐ Illegible, ☐ Mutilated. A mutilated or illegible title must be surrendered to the Department.  
☐ Not Received from the Department. This box can only be checked by the Legal Owner of Record (lienholder), or if none, the Registered Owner of record.

I/We certify under penalty of perjury under the laws of the State of California that there are no liens against this unit other than those shown on this application and the statements made on this application are true and correct.

I/We agree to indemnify and save harmless the Director of the Department of Housing and Community Development for any loss suffered resulting from the issuance of said duplicate Certificate of Title.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
 (Date) (City) (State)

Signature \_\_\_\_\_

Printed Name of Person Completing Certification \_\_\_\_\_

### SECTION II. RELEASE OF OWNERSHIP AND/OR INTEREST

1 A. RELEASE OF REGISTERED OWNER	RELEASE DATE
B. RELEASE OF REGISTERED OWNER	RELEASE DATE
C. RELEASE OF REGISTERED OWNER	RELEASE DATE
2 A. RELEASE OF LEGAL OWNER (LIENHOLDER)	RELEASE DATE
B. RETENTION OF LEGAL OWNER	DATE
C. ASSIGNMENT OF LEGAL OWNER	DATE

### SECTION III. DEALER'S RELEASE OF ACQUIRED UNIT

3 A. NAME OF DEALER	DEALER NUMBER
B. RELEASE OF DEALER	RELEASE DATE

### SECTION IV. NEW REGISTERED OWNER SIGNATURE(S)

4 A. NEW REGISTERED OWNER SIGNATURE	If this transfer is the result of a sale, the sale price and sale date <u>must</u> be entered below.
B. NEW REGISTERED OWNER SIGNATURE	PURCHASE PRICE
C. NEW REGISTERED OWNER SIGNATURE	PURCHASE DATE





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

APPLICATION FOR DUPLICATE  
REGISTRATION CARD

DEPARTMENT USE ONLY
NEW DECAL #
OLD DECAL #

Manufacturer Trade Name		ILT Exemption		Date First Sold New	
DECAL/LICENSE #	MANUFACTURER SERIAL NUMBER (S)			HUD LABEL OR HCD INSIGNIA #	
USE CODE		EXPIRATION DATE		TAX TYPE	
DTN NUMBER(S)		DTN DATE(S)		CLERK'S INITIALS	
Registered Owner(s) [print true name(s)]		Last		First Middle	
Current Mailing Address		Street		City	
Future Mailing Address (if different than above)		Street		City	
Situs (location) Address of unit		Street		City	
Legal Owner (lienholder) [print true name(s)]		Street		City	
Mailing Address		Street		City	
First Junior Lienholder (print true name)		Street		City	
Mailing Address		Street		City	
Second Junior Lienholder (print true name)		Street		City	
Mailing Address		Street		City	
Mobilehome Park		Park Name		Operator Name	

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the registration card has been: ☐ Lost, ☐ Stolen, ☐ Mutilated, ☐ Illegible, or ☐ Not Received

Executed on \_\_\_\_\_ at \_\_\_\_\_ (State)

Signature of Applicant \_\_\_\_\_

HCD 481.2 (REV 03/01)