

STATE OF COLORADO
MANUFACTURED HOUSING INSTALLATION PROGRAM

INSTALLATION AUTHORIZATION

DIVISION OF HOUSING NOTIFICATION DATE: _____

____ BY FAX: 303/864-7857 ____ BY MAIL: 1313 SHERMAN STREET, ROOM 321
____ BY E-MAIL: JOYCE.CALBART@STATE.CO.US DENVER, COLORADO 80203
____ IN PERSON 303/864-7837 - PH#

INSTALLATION BY:
____ REGISTERED INSTALLER ____ CERTIFIED INSTALLER ____ HOMEOWNER

SCHEDULED INSTALLATION DATE: _____

INSTALLATION ADDRESS: 29563 County Rd 140
STEAMBOAT SPRINGS, CO 80487

DIRECTIONS: _____

SOIL BEARING CAPACITY IF OTHER THAN 1500 PSF: _____

INSTALLATION CONTACT:

NAME: Jon Reid PHONE #: 303-608-1724 CELL/ALT#: 970-640-4255

____ INSTALLER ____ INSPECTOR ____ OWNER ____ OTHER

OWNER NAME: Darin Heiter OWNER PHONE#: 303-521-8399

INSTALLER NAME: STEVEN KE COST INSTALLER ID#: 000361

INSTALLER PHONE#: 303-638-4720 CELL/ALT#: _____

INSPECTOR NAME: TIM STILWELL INSPECTOR ID#: _____

INSPECTOR PHONE#: 303-638-4720 CELL/ALT#: _____

INSTALLATION INSIGNIA#: _____ DATE ISSUED: _____

MHIP AUTHORIZATION FORM (12/2013)

TBD

TBD

FIGURE 1.5 – Authorization Form