

## Office of Tom J. Bordonaro, Jr., County Assessor

1055 Monterey Street, Suite D360, San Luis Obispo, CA 93408 (805) 781-5643 Fax: (805) 781-5641 Website: slocounty.ca.gov/assessor

Assessor's use only:						

Proper	ty Owner's Stat	tement of Manufac	ctured Housing	g Foundation Construc	tion		
			PERMIT D	PERMIT DESCRIPTION			
				e property identified above. The ction for property tax purposes.			
o assess thare provide	nis construction. A cod. Please complete	ostly on-site inspection b this form and return it wit	y an appraiser may thin 15 days. <i>If ned</i>	the Assessor with information rown not be necessary if sufficient of the sessary, please forward this states, please call (805) 781-5643.	details		
PART 1. P	lease complete this	section.					
DESCRIPTION	ON OF NEW FOUNDA	TION					
□ concrete slab □ permanent pier system			rstem [	☐ concrete/c-block perimeter			
☐ pier reinforcement ☐ earthquake bracing ☐ o				l other			
	dation:		completed:				
Are you insta	alling this foundation fo	r loan purposes only?	☐ Yes ☐ No				
Have you or	your contractor record	ed a notice of Manufacture	d Home Installation of	n a Foundation System?			
HCD form 4	33(a))	☐ No (See enclosed	pamphlet for further i	nformation.)			
DESCRIPTION	ON OF MANUFACTUR	RED HOME					
Manufacture	r:		Model:				
Year Built:	Siz	ze:	Length	Width:			
s the home	licensed? □ Yes [	☐ No Decal/License nu	mber:	Expiration Date:			
f you do not	know your decal/licens	se number, please provide	the following:				
Serial numbe	er:	HU	ID number:				
PART 2. P	Please complete this	section if the manufactu	ured home has rec	ently been installed on the pro	perty.		
EXTERIOR	AND INTERIOR DETA	ILS					
Siding:	□ wood	□ masonite	□ aluminum	□ other			
Skirting:	□ wood	□ masonite	☐ aluminum	□ other			
Roof type:	□ gable	☐ shed	☐ flat	□ other			
Roof cover:	□ composition roll	☐ composition shingle	□ metal	□ overhang	inches_		
Number of b	edrooms:	Number of bath	าร:				
nterior wall f	finish:	☐ sheetrock		☐ panel board			
☐ air conditioning		☐ built-in refriç	gerator	□ built-in clothes washer/dryer			
	□ skylights	☐ fireplace/wo	odstove	□ other			

SITE IMPROVEMENTS (Please complete this section	if the home is not	n a park and/or do	es not have a city	.)
Utilities: ☐ gas ☐ electric ☐ prop	ane □ so	lar □ nev	v septic $\Box$	existing septic
☐ well depthft.	casting size_	inches	pump	HP
☐ booster HP storage tank	gallons			
Road or Driveway: ☐ dirt ☐ gravel ☐ asph	nalt □ other		lengthft.	widthft.
Other site improvements:				
Total cost of site improvements:	Date	completed:	_	
ACCESSORIES (Please describe any accessories to t	he manufactured I	nome.)		
A. Patio, deck, porch (circle one)		ge, carport, shed	(circle one)	
□ concrete □ wood □ pa □ other				□ carport
Size:xor length width	_sq. ft. Flooi	: □ concrete	e □ dirt/grave	
		other		
Cost: Date completed	Interi	or walls: □	finished □ u	nfinished
B. Awning, patio cover (circle one)		type: □ gable	☐ shed	☐ flat
Type: □ awning □ trellis □ roo □ other	_ `	other cover:		
C. Enclosed porch, sunrooms (circle one)		other		-
Walls: □ wood □ glass □ sc □ other	rooped	x length		
Roof: ☐ composition ☐ metal ☐ ho		<u> </u>		
☐ shed ☐ flat ☐ other				
Floor: ☐ concrete ☐ carpet ☐ vir				
□ other		x length	width	
Size:xor	_sq. ft. Cost		Date complete	d
length width				
Cost: Date completed				
COST AND INSTALLATION DATA				
Name and address of seller/dealer:				
Purchase date:	Purc	nase price of hon	ne:	
Cost of set-up and delivery:	_ Date	of installation:		
If the home is owned by a person other than the o Manufactured Home can be obtained by contactin			eparate Assessr	ment of
REMARKS:				
Thank you for your cooperation. The Assesso	or's Office may	contact you for a	additional infor	mation.
I certify (or declare) under penalty of perjury, under information, including and accompanying, statement my knowledge and belief.				
Signature	Ti	le (i.e. property o	owner/tenant/age	ent/contractor)
Printed Name	Da		Phone Number	(8 a.m5 p.m.)