



CITY OF ATASCADERO

COMMUNITY DEVELOPMENT DEPARTMENT

PHONE: 805-461-5035 * FAX: 805-461-7612

6500 PALMA AVE. * ATASCADERO, CA 93422

Instructions and Forms for Registering A New Manufactured Home

1. There should be three items included in this package:
 - a. This direction sheet
 - b. Form 433A
 - c. Form 433B
2. Please provide the following information on the attached 433A Form:
 - a. Property Information
 - b. Owner Information
 - c. Dealer Information
3. Once Final Inspection has been approved, the inspector will
 - a. Sign the Building Final on the Inspection Card
 - b. Collect the Form 433A with the sections in Step 1 complete (all information must be complete) and a check payable to "SLO County Clerk Recorder" for the current cost of recording one page.

OR

 - c. Instruct applicant to complete sections in Step 1 and submit with payment to the Community Development Department
4. (This step to be completed by the City) the City Community Development Department will record the 433A with the County Clerk Recorder – Please Note: This process typically takes a few weeks to complete after the paperwork has been submitted
5. Applicant is to complete and submit Form 433B to the SLO County Assessor's Office:

SLO County Assessor North County
6565 Capistrano Ave
Atascadero, CA 93422
805-461-6143
6. After 433A is recorded a copy will be sent to the Owner as listed on the form. A check payment payable to "Dept. of HCD" is to be submitted to the Community Development Department to register the installed unit(s) -- \$11 per unit.



STATE OF CALIFORNIA
 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 MANUFACTURED HOUSING PROGRAM

THIS SPACE FOR RECORDER USE ONLY

RECORDING REQUESTED BY:

City of Atascadero
 Community Development

WHEN RECORDED MAIL TO:

NAME City of Atascadero: Community Development Dept

ADDRESS 6500 Palma Avenue

CITY, STATE, ZIP CODE Atascadero, CA 93422

ONLY THE ENFORCEMENT AGENCY MAY RECORD THIS DOCUMENT

**NOTICE OF MANUFACTURED HOME, MOBILEHOME OR COMMERCIAL MODULAR –
 INSTALLATION ON A FOUNDATION SYSTEM**

Recording of this document by the enforcement agency indicates compliance with California Health and Safety Code Section 18551(a). This document is evidence that the enforcement agency has inspected the installation and issued a Certificate of Occupancy, form HCD 513C, for the unit described herein, 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.

ALL INFORMATION BELOW MUST BE ENTERED BY THE ENFORCEMENT AGENCY

PROPERTY INFORMATION

REAL PROPERTY OWNER NAME(S)

MAILING ADDRESS

CITY COUNTY STATE ZIP CODE

INSTALLATION ADDRESS (if different)

CITY COUNTY STATE ZIP CODE

OWNER INFORMATION

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

MAILING ADDRESS

CITY COUNTY STATE ZIP CODE

ENFORCEMENT AGENCY INFORMATION

City of Atascadero
 ENFORCEMENT AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

6500 Palma Avenue
 MAILING ADDRESS

Atascadero San Luis Obispo CA 93422
 CITY COUNTY STATE ZIP CODE

BUILDING PERMIT NO. (805) 461-5035
 TELEPHONE NUMBER

EVIDENCE OF UNIT LIENHOLDER(S) RELEASE, OR CONSENT TO INSTALLATION
 PROVIDED/ATTACHED – SEE REVERSE

SIGNATURE OF ENFORCEMENT AGENCY OFFICIAL DATE

DEALER INFORMATION

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

DEALER LICENSE NUMBER

DEALER BUSINESS ADDRESS

CITY COUNTY STATE ZIP CODE

MANUFACTURED HOME/MOBILEHOME/COMMERCIAL MODULAR UNIT DESCRIPTION

MANUFACTURER'S NAME MODEL NAME / NUMBER MANUFACTURE DATE

SERIAL NUMBER(S)

LENGTH X WIDTH CA INSIGNIA(S)/HUD LABEL NUMBER(S)

ASSESSOR'S PARCEL NUMBER HCD REGISTRATION DECAL NUMBER MCO NUMBER (New MH only)

REAL PROPERTY LEGAL DESCRIPTION

DISTRIBUTION – Original to County Recorder; One Copy to HCD; One Copy to Applicant; One Copy to Enforcement Agency



STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

NOTICE TO ASSESSOR

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME, MOBILEHOME OR COMMERCIAL MODULAR 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	\$ _____	Heating Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Floor or Wall
4. Accessories & Accessory Structures	\$ _____	
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
		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 Overhang (Eaves): <input type="checkbox"/> YES <input type="checkbox"/> NO _____ inches
		Furniture Included: <input type="checkbox"/> YES <input type="checkbox"/> NO Value \$ _____

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

LIST NUMBER OF ROOMS:

Bedrooms	_____	Dining Room	_____	Carport:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Baths	_____	Family Room	_____	Awning:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Kitchen	_____	Utility Room	_____	Porch:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Living Room	_____	Other Rooms	_____	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