Northern Area Office
9342 Tech Center Drive, Suite 550
Sacramento, CA 95826
(800) 952-8356

Southern Area Office
3737 Main Street, Suite 400
Riverside, CA 92501
(800) 952-8356

State of California
Business, Consumer Services and Housing Agency
Department of Housing and Community Development
Division of Codes and Standards
Mobilehome and Special Occupancy Parks Program

APPLICATION FOR ALTERNATE APPROVAL

NOTE: Submit two copies of the application, together with two copies of substantiating data and/or plans to the enforcement agency having jurisdiction. Each application shall be accompanied by the appropriate fee as specified in the California Code of Regulations (CCR), title 25, Chapter 2—section 1016 or Chapter 2.2—section 2016.

DEPT USE ONLY

A.A. #_____

Park I.D._____

Fee Rec'd_____

Date_____

Pursuant to provisions of Health and Safety Code, I hereby make application for an alternate approval of the following:

Name of Park:_____

Park Address/Location:_____
Street City State Zip

Owner:_____

Owner Address:_____
Street City State Zip

Specific description of product, and/or installation, and use:_____

_____

_____

Applicant Name:_____ Applicant Title:_____

Firm:_____

Applicant Address:_____
Street City State Zip

Telephone:_____ Email Address:_____

Evidence of local agency approvals, if required:_____

I understand that in order for an alternate to be approved, it shall be at least the equivalent of that prescribed by the Health and Safety Code and related regulations in quality, strength, effectiveness, fire resistance, durability, safety, and for the protection of life and health as provided by Health and Safety Code sections 18305 and 18865.6.

This application is made with the understanding that the alternate may or may not be approved, without refund of fee, and that if approved, such approval may be revoked, or conditions thereof modified for just cause. Applicant agrees to furnish additional substantiating data when considered necessary by the Division of Codes and Standards.

Signature of Applicant:_____ Date:_____

Return this form with the required fees and documentation to the enforcement agency for your park.

LOCAL ENFORCEMENT AGENCIES ONLY—Return this form, pursuant to CCR, title 25, sections 1016 and 2016, with the application fee, your recommendation, and all supporting documentation to the Division of Codes and Standards, Mobilehome Parks Program, P.O. Box 278180, Sacramento, CA 95827-8180.