

*Placement of Manufactured Homes on Private Property*

**ATTACHMENTS**

- A. HCD 433A
- B. HCD 433B
- C. HCD 513C



STATE OF CALIFORNIA  
 BUSINESS, TRANSPORTATION 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:

WHEN RECORDED MAIL TO:  
 NAME

ADDRESS

CITY, STATE, ZIP CODE

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**

ENFORCEMENT AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

MAILING ADDRESS

CITY COUNTY STATE ZIP CODE

BUILDING PERMIT NO. ( ) 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  
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**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 \$ \_\_\_\_\_
- 2. Optional Equipment & Upgrades \$ \_\_\_\_\_
- 3. Subtotal \$ \_\_\_\_\_
- 4. Accessories & Accessory Structures \$ \_\_\_\_\_
- 5. Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Delivery & Installation \$ \_\_\_\_\_
- 7. TOTAL SALES PRICE \$ \_\_\_\_\_

Type of Exterior Wall Covering: \_\_\_\_\_  
(Metal, Wood, etc.)

Type of Roof Covering: \_\_\_\_\_  
(Metal, Wood, Composition, etc.)

Heating Type:  Forced Air  Floor or Wall

**DOES THE BASIC PRICE INCLUDE:**

- The Towbar(s)  YES  NO
- Tires & Wheels  YES  NO
- Wheelhubs & Axles  YES  NO

- Air Conditioning:  YES  NO Tons \_\_\_\_\_
- Evaporative Cooler:  YES  NO
- Built-in Cooktop:  YES  NO
- Built-in Oven:  YES  NO
- Built-in Dishwasher:  YES  NO
- Built-in Wet Bar:  YES  NO
- Refrigerator:  YES  NO
- Roof Overhang (Eaves):  YES  NO \_\_\_\_\_ inches
- Furniture Included:  YES  NO Value \$ \_\_\_\_\_

**LIST NUMBER OF ROOMS:**

- Bedrooms \_\_\_\_\_ Dining Room \_\_\_\_\_
- Baths \_\_\_\_\_ Family Room \_\_\_\_\_
- Kitchen \_\_\_\_\_ Utility Room \_\_\_\_\_
- Living Room \_\_\_\_\_ Other Rooms \_\_\_\_\_

- Carport:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Awning:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Porch:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Garage:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Storage Shed:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Skirting:  YES  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

--- SAMPLE ONLY ---

**CERTIFICATE OF OCCUPANCY**

**BUILDING PERMIT NO.** \_\_\_\_\_

Address or Location of unit \_\_\_\_\_

Legal Description of Real Property \_\_\_\_\_

A  Mobilehome/Manufactured Home  Commercial Coach has been affixed to the real property described above by installation on a foundation system pursuant to Health and Safety Code Section 18551.

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

INSIGNIA OR HUD NUMBER: \_\_\_\_\_ SERIAL NUMBER OR V.I.N.: \_\_\_\_\_

MANUFACTURER'S NAME: \_\_\_\_\_ YEAR OF MANUFACTURE: \_\_\_\_\_

\_\_\_\_\_  
(Official Approving Installation)

\_\_\_\_\_  
(Enforcement Agency)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)