

## STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY DIVISION OF CODES AND STANDARDS

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT MANUFACTURED HOUSING PROGRAM

RECORDING REQUESTED BY: DFI PROPERTIES LLC

WHEN RECORDED MAIL TO:

NAME

DFI PROPERTIES LLC

**ADDRESS** 

4120 DOUGLAS BLVD #306-521

CITY, STATE, ZIP CODE

PRODERTY INFORMATON

**GRANITE BAY** 

**PLACER** 

CA

95746

DOC # 2015-0094141

03/10/2015 10:40A Fee:15.00

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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

THOI LIKE THE ORIGINAL	ON			ENFORCEMENT AG	ENCY INFORMATION		
DFI PROPERTIES !	LLC			HCD			
REAL PROPERTY OWNER NAME(S) 4120 DOUGLAS BL	VD #306-521			ENFORCEMENT AGENCY ISSUIT	NG PERMIT and CERTIFICATE OF OCC TE 400	UPANCY	
MAILING ADDRESS	Mary .			MAILING ADDRESS			
GRANITE BAY	PLACER	CA	95746	RIVERSIDE	RIVERSIDE	CA	92501
CITY	COUNTY	STATE	ZIP CODE	CITY	COUNTY	STATE	ZIP CODE
15300 PALM DR				8413777	(9	51) 782-4420	
INSTALLATION ADDRESS (If different)				BUILDING PERMIT NO.	TE	LEPHONE NUMBER	
Desert Hot Springs	RIVERSIDE	CA	92240	EVIDENCE OF CHIT	LIENHOLDER(S) RELEASE, OR	CONSENT TO INSTALLA	TION
CITY	COUNTY	STATE	ZIP CODE	PROVIDEDIATTACH	LIENHOLDER(S) RELEASE, OR ( HED SEE REVERSE	3-11	2-15
				SIGNATURE OF ENEOR	CEMENT AGENCY OFFICIAL	5-16	DATE
OWNER INFORMATON SAME				DEALER INFORMAT	TON		
UNIT OWNER (If also property owner, w	1. 10.11(7)			NONE			
CINIT CHARLER (II also property owner, w	vnte "SAME")			DEALER NAME (If not a dealer sai	e, write "NONE")		
MAILING ADDRESS				DEALER LICENSE NUMBER			
CITY	COUNTY	STATE	ZIP CODE	DEALER BUSINESS ADDRESS			
				CITY	COUNTY	STATE	ZIP CODE
MANUFACTURED HOM	E/MOBILEHOME/CO	MMERCIAL M	ODULAR UNIT I	DESCRIPTION			
DELAWARE WEST	ERN HOMES CO	RP	GOO	DD NEIGHBOR		2004	
MANUFACTURER'S NAME 17617609AP-BP			MODEL	NAME / NUMBER		MANL	FACTURE DATE
SERIAL NUMBER(S) 40X31			LIVA	C347100 HWC34710	1		
LENGTH X WIDTH				GNIA(S)/HUD LABEL NUMBER(S)			
656430010			LBI5				
ASSESSOR'S PARCEL NUMBER			HCD RE	GISTRATION DECAL NUMBER		MCO NUMBE	R (New MH only)
REAL PROPERTY LEGA	AL DESCRIPTION						
Lot 258 MB 307/064	TR 29935						
-							

DISTRIBUTION - Original to County Recorder, One Copy to HCD; One Copy to Applicant; One Copy to Enforcement Agency GENERAL GUIDE AND INSTRUCTIONS ON REVERSE

HCD 433A (Rev. 10/2011)