



Thurston County  
Community Planning and Economic Development  
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## CODE COMPLIANCE VERIFICATION CERTIFICATION FOR MANUFACTURED AND MOBILE HOME TITLE ELIMINATION

PROJECT NUMBER (to be assigned at time of application) \_\_\_\_\_

PROPERTY TAX PARCEL NO(s) : \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO. : \_\_\_\_\_ EMAIL: \_\_\_\_\_

Licensed Architect

ICC certified inspector

Licensed Engineer

CERTIFYING PROFESSIONAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I, \_\_\_\_\_ (please print)  
hereby certify that all work for the structure noted above was inspected  
by me or under my direction and that the work has been completed to the  
current edition of the Title 14.44 for the items listed on the attached  
supplemental certification list.

Seal or ICC number

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
Date

**RETAIN IN PERMANENT FILE**