OFFICE OF ASSESSOR
P.O. BOX 430
CLAYTON, NM 88415
PHONE: 575-374-9441 FAX: 575-374-9442

UNION COUNTY PERMANENT STRUCTURE APPLICATION

RE: Request to Inspect Manufactured Home

I hereby request that the manufactured home listed be changed to a permanent structure as per Subsection D of Section 3.6.5.33 NMAC. The Assessor's Office will not be liable for determining permanent status for mortgage companies. The mortgage company must make their own decisions to whether the property is eligible for a loan as "Real Estate". The valuation as real property is for tax purposes only and will be based on the following criteria:

1. The Assessor's Office has received a request from the owner of the manufactured home that it be taxed as real property.
2. The owner of the manufactured home is also the owner of the real estate to which the home has been affixed.
3. The tongue and axles have been removed from the manufactured home and the home has been affixed to a permanent foundation in accordance with part 14.12.2 NMAC –Manufactured Housing Dept.
4. The title to the manufactured home, issued pursuant to the provisions of the Motor Vehicle Code, is deactivated in accordance with Section 18.19.3.18 NMAC and evidence of the deactivation has been provided to the Assessor's Office.
5. All property taxes for the manufactured home have been paid in full including current year taxes.

The final determination of the classifications (real or personal) for property tax purposes will be made by the Assessor's office upon inspection.

SIZE_____ YEAR_____ MAKE_____ PLATE #_____

SERIAL #_____ MANUFACTURER_____

ASSESSOR'S LAND PARCEL #_____

REGISTERED TITLE OWNER'S NAME: _____

ADDRESS OF MOBILE HOME: _____ (If new address, validation from E911 addressing dept. required)

PHONE: _____

LAND OWNERS NAME: _____

COPY OF NMMHD INSPECTION APPROVAL _____

COPY OF ENGINEER'S INSPECTION APPROVAL OR CONTRACTOR'S LICENSE Name/# _____

SIGNATURE OF PARTY REQUESTING CHANGE OF CLASSIFICATION: _____DATE:_____

APPROVED: _____ NOT APPROVED_____

DATE OF VERIFICATION: _____ VERIFIED BY: _____ JOB TITLE_____