

APPLICATION FOR
PLACEMENT OF MANUFACTURED HOME

PERMITEE/APPLICANT (must be installer):

Name: _____

Street: _____

City: _____ State: _____

Phone #: _____

Delivery/Setup Date: _____

OWNER:

Name: _____

Street: _____

City: _____ State: _____

Phone #: _____

PROPERTY INFORMATION:

Address You Are Moving the Structure From:

Address You Are Moving the Structure To:

LEGAL DESCRIPTION:

Lot: _____ Block: _____

Subdivision: _____

Lot Width: _____ Lot Length: _____

Zoning: _____

Structure will Face: N S E W (Circle one)

Front yard depth: _____

Side yard depth: _____

Side yard depth: _____

Rear yard depth: _____

Existing Structure(s) on property: YES NO

(IF YES PLEASE CHECK BELOW WHICH ONE)

Dwelling _____ Accessory Building _____

Flood Zone: YES NO

Site Plan Attached: YES NO

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STRUCTURE INFORMATION:

Width: _____ Length: _____ Square Feet: _____

Year/Manufacturer/Model #: _____

Serial #: _____

Sanitary waste disposal system: City sewer _____ Septic system _____

Applicant's Statement:

*To the best of my knowledge, the information above is correct. I understand that this permit is good for 6 months from the date of issuance and that an inspection will be scheduled upon completion of setup. **Only a licensed installer will be permitted to obtain a permit.***

Signature: _____ Date: _____

For Official Use Only

TM

Setbacks and Placement Inspected by: _____ Date: _____

Plans Checked and Approved by: _____ Date: _____

Notes: _____

MANUFACTURED HOME PERMIT #: _____ Date: _____

CERTIFICATE OF OCCUPANCE PERMIT #: _____ Date: _____