

APPLICANT TO COMPLETE THIS SECTION

LOCATION:

Job Address _____
 Assessors' Parcel No. _____

PROPERTY OWNER:

Name _____
 Address _____
 City _____ Tel No. _____

SET-UP CONTR. NAME

Address _____
 City _____ Tel No. _____
 Email: _____
 State Lic No. _____ City Lic _____

REGISTERED OWNER OF UNIT:

Name _____
 Address _____
 City _____ Tel No. _____

MAKE: _____ YEAR: _____
 SERIAL #: _____ SIZE: _____

PRIVATE LOT: PROVIDE A SITE PLAN SHOWING DISTANCES TO PROPERTY LINES AND OTHER BUILDINGS (setbacks vary).

MOBILE HOME PARKS: PROVIDE A SITE PLAN SHOWING DISTANCES TO THE STREET AND TO SIDE AND REAR LOT LINES ON WHICH THE HOME WILL BE PLACED (min. 15' front yard abutting street, 5' side, 10' side yard at a corner, and 10' rear)

This permit shall expire by limitation if work authorized is not commenced within 180 days or is abandoned for 180 days or more.

X _____
 Signature of Permittee

Planning/Zoning

Zoning _____
 Yards _____ Left _____
 Front _____ Side _____
 Rear _____ Right _____
 Yard _____ Side _____
 Other Buildings:
 On site _____
 Other Information _____

Planning Approval
 By: _____
 Date: _____

APPROVALS

Bldg. Dept. _____
 Fire Code Review _____
 Fire Chief _____
 City Engineer _____
 State Health _____
 NDOT _____
 Other _____

MH Park _____ Individual Parcel _____
 Type of Occupancy _____

INSPECTIONS

1st Set-Up _____
 Final Set-Up _____
 Skirting _____

Approved for Conversion to Real Property

Yes: _____ No: _____

Permit No. _____

FEES		
Building		
Plan Check		
Grading		
Plumbing		
Electrical		
Mechanical		
Sewer Connection		
Sewer Tap		
Water Meter		
Water Connection		
Fire Code Review		
TE/TG		
Street Excavation		
Other		
TOTAL		

WHEN VALIDATED THIS IS YOUR PERMIT

Permit Issuance Date _____
 Receipt # _____
 By: _____

Final Inspection

Safety Seal No. _____
 By: _____
 Date: _____