

CITY OF BLOOMFIELD
MOBILE HOME MOVERS / SET APPLICATION

PERMIT NO.: _____ DATE: _____.

APPLICANT NAME OR BUSINESS NAME: _____.

PHONE: _____, ADDRESS: _____.

CITY: _____, STATE: _____, ZIP: _____.

MOBILE HOME MOVER OR BUSINESS LICENSES # _____.

PROPERTY / MOBILE HOME INFORMATION

MOBILE HOME OWNERS NAME: _____, PHONE: _____.

ADDRESS: _____, CITY: _____, STATE: _____.

PROPERTY OWNERS NAME: _____, PHONE: _____.

ADDRESS: _____, STATE: _____, ZIP: _____.

LOCATION MOVED FROM OR BUSINESS NAME: _____.

DATE MOBILE HOME IS TO BE MOVED: _____.

MAKE OF MOBILE HOME: _____, SER#: _____.

SIZE OF MOBILE HOME: _____.

LOCATION OF PROPERTY BEING MOVED TO, (ADDRESS): _____.

LEGAL DESCRIPTION OF PROPERTY: _____.

PROPERTY CURRENTLY ZONED: _____.

FLOOD PLAIN ZONE: _____.

COMMENTS: PERMIT IS GOOD FOR 30 DAYS. PERMIT MUST IN THE POSSESSION WHILE MOBILE HOME IS IN TRANSIT AND DURING SET UP. ALL ZONING REGULATIONS MUST BE COMPLIED WITHIN THE 30 DAYS.

ADDITIONAL COMMENTS: _____
_____.

APPLICANTS SIGNATURE: _____, **DATE:** _____.

PERMIT ISSUED BY: _____, **DATE:** _____.