



MOBILE HOME INSPECTION APPLICATION

SUBMIT PLOT PLAN WITH APPLICATION

DATE: _____ DATE WORK STARTS: _____ PERMIT NO: _____

NAME OF PARK: _____ LOT NO: _____

SIZE OF MOBILE HOME: _____

RESIDENT'S NAME: _____ PHONE NO: _____

COMPANY SETTING HOME: _____

PHONE: _____ STATE LICENSE NO. _____

E-MAIL ADDRESS _____

ELECTRICAL CONTRACTOR: _____

PHONE: _____ STATE LICENSE NO. _____

CONTRACTOR FOR REPAIRS (decks, awning – if over \$500, must be state licensed):

PHONE: _____ STATE LICENSE NO. _____

COMMENTS: _____

RESIDENT/MANAGER'S SIGNATURE: _____

VALUATION: \$ _____

BUILDING FEE: \$ _____

DATE PAID: _____

STATE 1%: \$ _____

RECEIPT #: _____

TOTAL: \$ _____

APPROVED BY: _____