

**MANUFACTURED HOME APPLICATION
TEMPORARY TENANT PLACEMENT**
(See Article 5.2.1E for Temporary Manufactured Housing Regulations)

DATE: _____

PERMIT NO. _____

Property Owner: _____ Phone: _____

Address: _____

Tenant: _____ Phone: _____

Address: _____

REQUIRED MATERIAL: (attach to permit building plans, septic evaluation, deed or plat, & sketch of property boundaries with location of proposed and existing buildings)

Floor Plans _____ Deed or Recorded Plat _____ Sketch of Property _____

Septic Evaluation _____

LOT INFORMATION:

Zoning _____ (allowed in AR-1 only) Lot Size _____ (must be at least 5 acres)

Unit Address (required prior to issuance of permit) _____

City _____ Jurisdiction _____

MINIMUM BUILDING SETBACKS:

Please verify right-of-way location. Setbacks are measured from the edge of the right-of-way, not the edge of pavement.

Front Yard (75' minimum) _____ Rear Yard (50' minimum) _____

Side Yard (50' minimum each side) _____

CONSTRUCTION INFORMATION:

Contractor/Installer _____

Size of Proposed Unit _____ Year _____ Model _____

Date of Inspection on Seal _____

FEE: \$58.00 (per unit)

Applicant's Signature: _____

Planning and Zoning Official: _____ Approved _____ Denied _____

*****OFFICE USE ONLY*****

Date of Placement _____
(Unit allowed for 6 months only in a calendar year)

Unit to be removed by _____
(Must be removed within 15 days from end of 6 month period)

Inspected By _____

Date of Inspection _____

Date of Compliance _____

