

Site plan is required, please attach a site plan to this application, drawn to scale, showing the location and dimensions of easements, property lines, indicate set-backs, location of proposed and existing buildings, indicate lot drainage, indicate utilities on property including propane tanks, indicate street frontage and driveway.

NAME OF OWNER(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ OTHER# \_\_\_\_\_

PROPOSED HOME SITE LOCATION / ADDRESS \_\_\_\_\_

YEAR & MAKE OF MOBILE HOME \_\_\_\_\_ VIN OR SERIAL NUMBER: \_\_\_\_\_

DATE OF TRANSPORT \_\_\_\_\_ SIZE OF MOBILE \_\_\_\_\_

TRANSPORT COMPANY \_\_\_\_\_

ELECTRICAL CONTRACTOR \_\_\_\_\_ PHONE# \_\_\_\_\_

PLUMBING CONTRACTOR \_\_\_\_\_ PHONE# \_\_\_\_\_

HEATING/LP CONTRACTOR \_\_\_\_\_ PHONE# \_\_\_\_\_

FLOOD ZONE Yes - No      ZONE RB Yes - No      OFF-STREET PARKING Yes - No

CITY WATER Yes - No      CITY SEWER Yes - No      CITY GARBAGE Yes - No

This permit becomes null and void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after the work has commenced. All mobile homes to be moved into the City of Hot Springs will be required to meet current requirements of Farmer's Home Administration, Federal Housing Authority (HUD), and Veterans Administration regulations as per City Ordinance. Final approval of the Building Permit of any mobile home entering the city is contingent upon that mobile home passing inspection by the Building Inspector. No mobile homes greater than twenty (20) years of age from the date of manufacture will be approved for installation within the city limits. All mobile homes shall comply with yard, height, and density requirements of the zone in which it is located.

The undersigned owner agrees to the terms and conditions of this application.

Mobile Home Valuation: \$ \_\_\_\_\_  
Signature of Mobile Home Owner \_\_\_\_\_ Date \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_  
Signature of Mobile Home Park Owner \_\_\_\_\_ Date \_\_\_\_\_

Water/Sewer Tap Fees \$ \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Total Fees \$ \_\_\_\_\_ acct. # R 101-32050

Receipt Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Office Comments: