

PERMIT SERVICES MISCELLANEOUS REVIEW APPLICATION FORM

(Revised 2/1/2010)



TYPE OF PERMIT:

- Road Approach – (plot plan required)
- Title Elimination
- MOH Storage Only (180 days) (plot plan required)

Project Site Address:	Parcel #:
Applicant Name:	Address:
E-mail Address:	Phone and Fax:
Property Owner:	Address
E-mail Address:	Phone and Fax:
Contact Person:	Address:
E-mail Address:	Phone and Fax:

DESCRIPTION OF PROPOSAL:

TITLE ELIMINATION & MOH STORAGE

Year of Mobile:	Size of Mobile:
Original Mobile Home Permit #:	Date of Occupancy:
Tax lot or Lot #:	Zoning:
Vin # - License # or Plate #:	

AUTHORIZATION

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request. This application gives consent to the County to enter the properties listed above.

Authorized Signature

Date