

BUILDING INSPECTION DEPT.

PERMIT VOID
AFTER 6 MO.
UNLESS WORK
IS STARTED

City of Bloomingdale
P. O. Box 216
Bloomingdale, Ga. 31302

Date of Application _____
Permit Number _____
Date Issued _____

MAYOR AND COUNCIL

The owner of the property herein named, hereby makes application to park a _____
mobile home to be used as a _____ (Size)

- (1) Bedrooms _____ Baths _____ Dining Room _____ Kitchen _____
Den _____ Other _____
- (2) On Lot Number _____ Tract or Subdivision _____
- (3) Situated on the _____ side of _____ Street or Road
- (4) Between _____ and _____ Street or Road
- (5) Property Address _____
- (6) Size of plot to be parked on _____
- (7) Make of Mobile Home _____ Size _____ Value _____
- (8) Serial Number _____ Year Model _____
- (9) Mobile Home Manufactured type: Zone II _____ Pre-1974 Hurricane constructed _____
- (9) Number of buildings on lot _____
- (10) Is there a Mobile Home on this lot? Yes _____ No _____
- (11) Name of Electrical Contractor _____
(Copy of State & Local License must be included)
- (12) Name of Mover/Installer _____
(Copy of State & Local License must be included)
- (13) Source of Water: Public _____ Private _____
- (14) Source of Sewer: Public _____ Private _____
- (15) Health Department Permit issued, Date _____
- 16) Property is located in RA-1 _____ Zone.
Zoning Administrator Approval _____ Date _____
Zoning Administrator Denial _____ Date _____
- (17) Property is located in _____ Flood Zone, If AE Zone - BFE _____
Date _____
- (18) Estimated value of Mobile Home _____ Permit Fee \$ _____
- (19) Mobile Home Administrator: Approval _____ Denial _____ Date _____
- (20) Remarks: _____

Respectfully _____ Name of owner returning property
Present address _____
Phone No. Owner (h/m) _____ (wk) _____
(cell) _____
Agent _____
Phone No. Agent _____