



Mobile Home (private property) Set-Up Application

Date _____

Building Services Section

To be completed by applicant (Please print)

MH owner name: _____

MH owner's current address: _____

Property owner name: _____

Folio #: _____ Valuation: \$ _____

MH make: _____ Year: _____ Type of heat: _____

of bedrooms: _____ MH dimensions: _____

Has this site been used previously for MH? Yes No TECO layout #: _____

Existing structures on property? _____

To be completed by Building Services Division

Address of proposed structure: _____

Zip _____

Plat book: _____ Page: _____ Map: _____ Block: _____ Lot: _____ QTR/STR: _____

Subdivision: _____ Subdivision: _____

Zoning/Land use: _____ Area: _____ Depth: _____ Frontage: _____

Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____

Flood zone: _____ Base elevation: _____ Impact zones:

ROW/Trans Fire Park/School

For Office Use Only

Table with columns for Graphics, Fees, Permits, and Impacts. Includes rows for Natural resources permit, Gas permit, Type of heat, and a TOTAL row.

It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the zoning ordinance or by other ordinances, codes, or regulations of Hillsborough County.

By signature on this application, it is unequivocally stated that pursuant to Chapter 440, Florida Statutes, the entity named herein possesses workers' compensation coverage, if required, for all its employees of any subcontractor/specialty contractor that performs work relative to this permit, where said individual has not provided

coverage for its own employees. A copy of this workers' compensation policy, if required, is on file with the Hillsborough County Building Services Division.

I, the applicant named in the above (and foregoing) application, do hereby answer under penalty of perjury, provided for in Section 837.06., Florida Statutes, that the information contained and the statements herein made are, to the best of my knowledge and belief, true, correct, and complete. I also am aware that Impact Fees may be due on new developments

Contractor's name (name of active license holder and license #) Please print: _____

Contractor or authorized agent signature: _____

If signed by authorized agent, please print name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email address: _____

To be completed by BSD staff:

Set-up fee _____ Other permit fees _____ Permit # _____