



MANUFACTURED HOUSING PARK APPLICATION

- 1) Owner/Applicant: _____
 Phone: (____) _____ Email: _____
 Address: _____

Street
City
Zip

 Name of Agent (if any): _____
 Phone: (____) _____ Email: _____
 Address: _____

Street
City
Zip
- 2) Applicant's interest in property (owner, tenant other): _____
- 3) Present use of property: _____
 Proposed use of property: _____
- 4) Property location: _____
 Legal description: _____

- 5) Current zoning: _____
- 6) Adjacent Zoning and Land Use:

Land Use	Zoning
NORTH _____	_____
SOUTH _____	_____
EAST _____	_____
WEST _____	_____
- 7) Description of anticipated development: _____

- 8) Anticipated time period for project completion: _____

- 9) Number of manufactured housing units proposed: _____
- 10) The following must be included with the application:
 - a. A detailed site development plan showing existing topography and all elements of development (10 copies)
 - b. Preliminary plans for buildings, drives, walkways, and utility services (10 copies)
 - c. Description of provisions for recreational facilities (10 copies)
 - d. Landscaping plans (10 copies)

Applicant agrees to furnish any additional information required for review and processing of the application for a manufactured housing park.

Owner/Applicant Signature: _____ Date: _____

Authorized Agent Signature: _____ Date: _____

(Applicant or his legal representative must be present at the hearing, or the matter will be tabled.)



Disclaimer: This permit was reviewed and considered based upon the information presented at the time of the hearing. If any of the information presented for consideration in determining the granting of this permit is incorrect or false, this permit becomes null and void.

-----**FOR OFFICIAL USE ONLY**-----

Case No:	_____	Date Filed:	_____
Fee:	_____	Received by:	_____
Paid:	_____	Date Notices Sent:	_____
Receipt #:	_____		
Date Published:	_____		
Public Hearing Date:	_____		

Planning Commission Recommendation: _____

Reason(s) Recommendation: _____

Protest Petition Filed? _____

Governing Body Action: _____

Date: _____ Vote: _____

If Approved, Resolution/Ordinance No: _____

Effective Date: _____