

**APPLICATION FOR MOBILE HOME PERMIT**  
**AREA PLAN COMMISSION**

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Township: \_\_\_\_\_

NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

APPROXIMATE COST OF MOBLE HOME: \_\_\_\_\_

MODEL AND YEAR: \_\_\_\_\_

WIDTH: \_\_\_\_\_ LENGTH: \_\_\_\_\_

TOTAL Sq. Ft.: \_\_\_\_\_

# OF BEDROOMS: \_\_\_\_\_ # OF BATHROOMS: \_\_\_\_\_

GARAGE: YES \_\_\_\_\_ NO \_\_\_\_\_ ATTACHED? YES \_\_\_\_\_ NO \_\_\_\_\_

*(A SEPARATE BUILDING PERMIT MUST BE OBTAINED FOR  
CONSTRUCTION OF AN UNATTACHED GARAGE OR OTHER OUTBUILDING.)*

TYPE OF SUPPORT UNDER I-BEAMS: \_\_\_\_\_

VERMILLION COUNTY ORDINANCE STATES THAT ONLY ONE PRINCIPAL RESIDENCE IS ALLOWED ON EACH PARCEL OF LAND. I CERTIFY THAT THIS MOBILE HOME WILL BE THE ONLY RESIDENCE ON THIS PARCEL OF LAND. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE BUILDING INSPECTOR WHEN THIS PROJECT IS READY FOR THE REQUIRED INSPECTIONS.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DaytimeTelephone

**(This application must accompany a diagram or aerial view of the property that notes the location of the mobile home and front, side and back-yard measurements.)**

*Placement of a mobile home or doublewide requires three inspections:*

- 1) Footer inspection, before concrete is poured;*
- 2) Placement inspection, after mobile home is placed on the site; and*
- 3) Final inspection before Certificate of Occupancy is issued*

*\*\*\*\*\*Office use only\*\*\*\*\*.*

Special Exception # \_\_\_\_\_ Receipt Number: \_\_\_\_\_

SEPTIC PERMIT #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

Approved by: \_\_\_\_\_

A filling fee of \$85.00 payable to the Area Plan Commission will need to be sent in with your application. Cash or check only. APC, P.O. Box 314, Newport, IN 47966  
Penney Carpenter 765-492-5343