



Mobile Home Transporter Permit

Permit Number: MT

Permit is void after 30 days and all fees are non-refundable

1. Transporter's Name: _____
 2. Transporter's Address: _____
City: _____ State: _____ Zip: _____
 3. Phone number: _____
 4. Business registration number: _____
 5. Mobile home owner: _____
 6. Address: _____
City: _____ State: _____ Zip: _____
 7. Mobile home information: Year _____ Size _____
Serial number: _____
 8. Mobile home starting point: _____
 9. Final destination/address of mobile home placement: _____
 10. Intended route to be taken: _____
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This permit is issued on the express condition that in accordance with Ordinance #116, all mobile home transporters must have a minimum liability insurance coverage of \$100,000 for property losses and \$500,000 for personal injuries.

Transporter's Signature

\$ 45.00
Fee

Planning Department Approval

Date