



CITY OF CRETE

APPLICATION FOR MOBILE HOME PLACEMENT PERMIT

NUMBER: _____ FEE: _____ DATE: _____

COURT OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TRAILER COURT NAME: _____

COURT SITE ADDRESS: _____

TRAILER OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

OCCUPANT NAME: _____ PHONE #: _____

MANUFACTURER'S CODE SEAL PRESENT ON TRAILER? _____

TRAILER SIZE: _____ YEAR MANUFACTURED: _____

SIZE OF ELECTRICAL PANEL: _____

THE INSPECTION REVIEW WILL COVER: WATER CONNECTION, SEWER CONNECTION, GAS CONNECTION, ELECTRICAL CONNECTION, TRAILER ANCHORING AND SMOKE DETECTORS.

APPLICANT NAME: _____ DATE: _____

APPLICANT'S E-MAIL ADDRESS: _____

CITY INSPECTOR: _____ DATE: _____

PLACEMENT APPROVAL WILL BE SUBJECT TO COMPLIANCE WITH ALL CODES GOVERNING THIS INSTALLATION. TRAILER MUST BE INSPECTED BEFORE IT MAY BE OCCUPIED.

FOR INSPECTIONS CALL THE BUILDING INSPECTOR'S OFFICE AT 826-4312