MOBILE HOME PERMIT APPLICATION
CITY OF DOVER

15 LOOCKERMAN PLAZA
DOVER, DE 19901

P.O. BOX 475
DOVER, DE 19903

DATE OF APPLICATION _____ 20 _____

APPLICANT'S NAME _____

ADDRESS _____

NAME OF MOBILE HOME PARK _____

PHONE _____ MILITARY: ☐ YES ☐ NO

**IF HOME IS LEASED:

OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S PHONE _____

DESCRIPTION OF MOBILE HOME

MAKE _____ YEAR _____ MODEL _____

SERIAL NO. _____ SIZE _____ X _____

OWNER OF LAND ON WHICH HOME IS LOCATED IF OTHER THAN MOBILE HOME PARK:

_____

SIZE OF LOT _____ OWN _____ LEASE _____

FOR OFFICE USE ONLY

DATE PAID _____

AMT PAID _____

PENALTY _____

STICKER # _____

ISSUED BY

_____

APPLICANT SIGNATURE(S)