

TOWN OF HIGHFILL, ARKANSAS
APPLICATION & CHECKLIST FOR
MOBILE HOME REGISTRATION
(Pursuant to Ordinance No. 99-4)

FOR STAFF USE ONLY

FEE: \$100.00

Date Application Submitted: _____
Date Accepted as Complete: _____
Case/Appeal Number: _____
Public Hearing Date: _____

APPLICATION FORM

Please fill out this form completely, supplying all necessary information and documentation to support your registration request. This Application should include all of the information described in the checklist with this Application. ***Your Application will not be processed until all information requested herein is furnished.***

I. GENERAL INFORMATION

A. Applicant: _____ Day Phone _____
Fax #: _____

Address: _____

B. Property Owner: _____ Day Phone _____
Fax #: _____

Address: _____

C. Indicate where correspondence should be sent:

Applicant
Owner

II. MOBILE HOME AND PROPERTY DESCRIPTION

A. Site (Physical) Address where Mobile Home is to be Located: _____

B. Size of Property: _____ Square Feet; OR _____ Acres.

C. Current Zoning District of Foregoing Property: _____

D. Legal Description of Property: May be found on deed or current survey of property

(Attach a copy of the Deed and/or Survey to this Application Form)

E. Serial Number of Mobile Home: _____

F. Year of Construction of Mobile Home: _____

(Mobile home must have been constructed after 1975)

G. **Attach a copy of the Certificate of Title or other evidence of ownership of the Mobile Home to this Application form.**

H. Proposed use of Mobile Home: _____

I. Proposed occupancy: _____ single family; _____ multi-family (____ Units);

_____ Other (please specify: _____)

J. Type of construction material of Mobile Home: _____

(i) Distance of Mobile Home from front property line: _____

(ii) Distance of Mobile Home from each side of property line: _____

(iii) Distance of Mobile Home from rear property line: _____

(iv) Distance of Mobile Home from nearest building or other structure located on the property: _____

(Please note that the Front of the Mobile Home is deemed to include all sides of the Mobile Home facing upon a public right-of-way such as a street, road or highway.)

K. Description of Mobile Home:

(i) Number of Bedrooms: _____

(ii) Number of Bathrooms: Full Baths _____ Partial or Half Baths _____

(iii) Heating and Air Conditioning _____

(iv) Size of Structure:

- a. Length: _____
- b. Width: _____
- c. Total Floor Area: _____ Square Feet

L. Building Additions or Remodeling:

Applicant must furnish for review building plans consisting of at least a floor plan and wall section view for any building additions or remodeling to an existing structure.

Please explain nature of work: _____

APPLICANT: I certify under penalty of perjury that I am the owner of the mobile home referenced herein and the foregoing statements and answers herein made, and all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application, completeness, determination, or approval. I understand that the Town might not approve what I am applying for, or might set conditions for approval.

 (Signature) Date: _____

PROPERTY OWNER: I certify under penalty of perjury that I am the owner of the property that is the subject of this Application and that I have read this Application and consent to its filing.

 (Signature) Date: _____

[Please complete and submit the Checklist on the following page.]

CHECKLIST FOR APPLICATION*

Yes	No	N/A	
			1. Completed Application Form signed by Property Owner. If the Applicant is different from the Property Owner, then it must be signed by Applicant also.
			2. Payment of the registration fee.
			3. Copy of Certificate of Title.
			4. A copy of the deed and/or survey to the subject property must be submitted with this Application.
			5. Applicant must submit one copy of any bill of assurance, protective covenants or other such restrictions filed of record relating to the property which is the subject of this Application.
			6. Applicant must submit a Certificate of Approval from the Department of Health.

***Applicant shall positively certify each item. Where “no” or “N/A” is checked, Applicant shall submit a written explanation why the item is not positively certified.**