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 # ________________

APPLICANT SIGNATURE(S)

ISSUED BY ____________________________

Revised 11/2011 \Dover_1\Inspect\Permit - License - Processes\Permit - License - Processes FOR FRONT OFFICE
2007\Mobile Home Info