Region of Queens Municipality

PO Box 1264, Liverpool, NS, B0T 1K0

MOBILE HOME PERMIT APPLICATION

DATE	
NAME OF APPLICANT	
MAILING ADDRESS	
PROVINCE	POSTAL CODE
PHONE RES:	PHONE BUS:
OWNER OF LAND	
MAILING ADDRESS	
PROVINCE	POSTAL CODE
PHONE RES:	PHONE BUS:
LOCATION OF INSTALLATON OF MOBILE HOME - INCLUDE PLOT PLAN	
DATE OF PROPOSED INSTALLATION	
DESCRIPTION OF MOBILE HOME:	
LENGTH	WIDTH
MANUFACTURER'S NAME	
YEAR OF MANUFACTURE	NO OF BEDROOMS

Dept of Environment Approval	☐ **Yes** **If yes, attach copy of permit**	☐ No	☐ Applied for
Dept of Transportation Approval	☐ **Yes** **If yes, attach copy of permit**	☐ No	☐ Applied for
Development Permit Approval	☐ **Yes** **If yes, attach copy of permit**	☐ No	☐ Applied for

I Do Solemnly Declare:

1) That the plot plans submitted correctly set out the dimensions and the area the lands described in the said applications and the relation of the location of the proposed mobile home on the street and party line;

2) That the Mobile Home will be installed in accordance with the Mobile Home Bylaw of the Region of Queens Municipality and Can Z240.10.1-08 standard for installation of Mobile Homes.

Signature of Applicant Date

FOR OFFICE USE ONLY

Assessement #

PID #

Date Mobile Home Permit Issued:		Approved Permit #	
APPROVED BY:			

Building Inspector

Permit Fee $	Date Rec'd	By	Receipt #