City of Darien
P.O Box 452 | 106 Washington Street | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

MOBILE HOME PERMIT APPLICATION
Permit Fee: $275.00

Owner/Buyer   DATE: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____ Tel. No.: _____

Dealer/Seller

Name: _____

Mailing Address: _____

City, State, Zip: _____ Tel. No: _____

Date Purchased: _____ Price: _____

Property Where Mobile Home Will Be Located

Street Address: _____

City, State, Zip: _____

Size of Lot: _____ Current Zoning: _____

Tax Data: Map _____ Parcel _____ (furnished by City)

Property Owner's Name: _____

Mobile Home Information

Model Year: _____ Age: _____

Width: _____ Length: _____ S/W: _____ D/W: _____

Manufacturer: _____ Model: _____

Serial Number: _____

Condition of MH: New _____ Excellent _____ Good _____ Fair _____ Poor _____

Ext. Walls: Vinyl _____ Alum/Metal _____ Fiberglass _____ Wood _____ Other _____

Roof Type: Asphalt Shingles _____ Wood _____ Metal _____ Other _____

Foundation: Masonry _____ Piers/Blocks _____ Slab _____ Other _____

No. of Bedrooms: _____ No. of Baths: Full _____ Half _____

Heat & Air Cond: Central _____ Furnace _____ Electric _____ Other _____

Mobile homes must be anchored, skirted with wheels and tongue removed, and connected to City water and sewer or an approved septic system. The City Building Inspector and Fire Chief must inspect homes older than ten years. I (we) affirm that all answers and information submitted with this application are accurate to the best of my (our) knowledge and that I (we) will comply with all applicable codes, ordinances, zoning regulations, and laws.

Owner/Buyer: _____ Date: _____

Dealer/Seller: _____ Date: _____