



MOVING PERMIT (MOBILE, MANUFACTURED, MODULAR)
COMMUNITY DEVELOPMENT DEPARTMENT
PO Box 1188/1203 N HUDSON STREET
SILVER CITY, NM 88062
(575) 534-6348 FAX (575) 534-6381



Case # MP _____

This Permit is required prior to moving a mobile, manufactured or modular home onto a lot within Town limits. This Application form must be completed, signed and submitted to the Community Development Department, along with the \$25.00 fee, a minimum of five (5) business days prior to the anticipated delivery date.

INSTRUCTIONS: Please read the application and fill it out completely. Print clearly or type – illegible or incomplete applications **will not** be accepted. **A site plan and location sketch must be included with the application.** The site plan must show where the home will be placed on the property and the required setbacks, in addition to any existing or proposed improvements and utility lines. Flags must be placed on the lot to mark the proposed location of the home (one flag for each corner of the home) for purposes of inspection.

APPLICANT INFORMATION:

Name: _____ Proprietary interest in property: _____
 Mailing address: _____
 Phone: _____ Alternate phone: _____ Email: _____

PROPERTY INFORMATION (where structure will be located):

Property street address: _____
 Adjacent streets: _____
 Zoning _____
 .0
 Located in floodplain? No Yes: FEMA map # _____

LEGAL DESCRIPTION (please attach copy of deed or survey):

Lot(s) _____ Block(s) _____
 Subdivision/Addition: _____
 Section _____ Township _____ Range _____
 Total area _____ acres or sq. feet Property code: 3-_____-_____-_____-_____
 (The property code # can be obtained from the County Assessor's Office or from the tax bill)

STRUCTURE INFORMATION:

Make: _____ Model: _____ Year: _____
 Size: Length _____ Width _____ Total Area _____
 HUD Seal # _____ Serial # _____
 If modular home, UBC # _____

SKIRTING MUST BE INSTALLED WITHIN 90 DAYS OF DELIVERY.

Type of skirting to be installed: _____

APPLICANT STATEMENT:

I hereby state that the mobile/manufactured/modular home described on this application will be moved and located according to the Land Use Code and applicable regulations of the Town of Silver City. I further state that the destination property has not been part of an illegal land division within the previous five (5) years and the information provided in this application and all attachments is true and accurate to the best of my knowledge.

Applicant: _____

Date: _____

FOR STAFF USE ONLY

APPROVAL:

Community Development Department

_____ Zoning (Table 3.2 and Section 3.3.1)

_____ Parking (Table 5.9.2) Required spaces _____ Number provided _____

_____ Setbacks (Table 3.4.2)

Planner _____ Date _____

Community Improvement Officer _____ Date _____

Floodplain Administrator _____ Date _____

Utilities Department

Water _____ Sewer _____

Staff _____ Date _____

PAYMENT INFORMATION

Fee: \$ _____ Cash/ck# _____ Paid: _____ Receipt # _____

Approved _____ **Not approved** _____ **Date** _____

By _____

Notes:

Proper placement verified:

By _____ **Date** _____

Copy sent to the Grant County Treasurer

By _____ **Date** _____