



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

DATE  
STAMP

This **Moving 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 a minimum of five (5) business days prior to the anticipated delivery date of the home. **The application fee is \$25.00.**

**\*NOTE\***

*Please read and fill out entire application. Print clearly or type.*

*Illegible or incomplete applications will not be accepted. 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.*

**REQUIRED DOCUMENTS**

- Location sketch showing required setbacks
- Site Plan where the home will be located on the property
- Any existing or proposed improvements and utility lines

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Proprietary interest in property: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION:**

Property street address: \_\_\_\_\_

Adjacent streets: \_\_\_\_\_

Zoned (please circle one): Rural Res A Res B Rec C Commercial Industrial

Located in floodplain?  No  Yes: FEMA Map # \_\_\_\_\_

Gross floor area of all structures located on the property: \_\_\_\_\_

**LEGAL DESCRIPTION:**

Platted: Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_

Subdivision/Addition: \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Total area \_\_\_\_\_ square 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: \_\_\_\_\_

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**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 \_\_\_\_\_

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**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  Copy sent to the County Assessor

By \_\_\_\_\_ Date \_\_\_\_\_