



Mobile/Manufactured Home Permit Application

Permit Application # _____

Site plan is required, please attach a site plan to this application, drawn to scale, showing the location and dimensions of easements, property lines, indicate setbacks, location of proposed and existing buildings, indicate lot drainage, indicate utilities on property including propane tanks, indicate street frontage and driveway.

NAME OF OWNER(S) _____

MAILING ADDRESS _____ PHONE# _____

CITY _____ STATE _____ OTHER# _____

PROPOSED HOME SITE LOCATION/ADDRESS _____

YEAR & MAKE OF MOBILE HOME _____ VIN OR SERIAL NUMBER: _____

DATE OF TRANSPORT _____ SIZE OF MOBILE _____

TRANSPORT COMPANY _____

ELECTRICAL CONTRACTOR _____ PHONE # _____

PLUMBING CONTRACTOR _____ PHONE # _____

HEATING/LP CONTRACTOR _____ PHONE # _____

FLOOD ZONE Yes - No ZONE RB Yes - No OFF-STREET PARKING Yes - No

CITY WATER Yes - No CITY SEWER Yes - No CITY GARBAGE Yes - No

This permit becomes null and void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after the work has commenced. All mobile homes to be moved into the City of Hot Springs will be required to meet current requirements of Farmer's Home Administration, Federal Housing Authority (HUD), and Veterans Administration regulations as per City Ordinance. Final approval of the Building Permit of any mobile home entering the city is contingent upon that mobile home passing inspection by the Building Inspector. No mobile homes greater than twenty (20) years of age from the date of manufacture will be approved for installation within the city limits. All mobile homes shall comply with yard, height, and density requirements of the zone in which it is located.

The undersigned owner agrees to the terms and conditions of this application.

Mobile Home Valuation\$ _____
Signature of Mobile Homeowner _____ Date _____

Plan Review Fee \$ _____
Signature of Mobile Home Park Owner _____ Date _____

Water/Sewer Tap Fees \$ _____
Approved by: _____ Date _____

Total Fees \$ _____ acct. # R 101-32050

Receipt Number: _____ Date Received: _____

Use reverse of document for comments

City of Hot Springs | 303 North River St | Hot Springs SD 57747
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The City of Hot Springs is an equal opportunity provider

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Office comments: _____
