



MOBILE SETUP PERMIT APPLICATION GRAND COUNTY, COLORADO

DEPARTMENT OF **COMMUNITY DEVELOPMENT**

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www.co.grand.co.us

DATE _____

PERMIT NO. _____

MOBILE NO. _____

OWNER/APPLICANT: _____

PERMANENT RESIDENCE **MAILING ADDRESS** _____

TELEPHONE NUMBER _____

PREVIOUS LOCATION OF MOBILE _____

Lot #, Block #, Subdivision, Space#, County/Town

NEW LOCATION OF MOBILE _____

Lot#, Block#, Subdivision, Space#, County/Town

Year of Mobile _____ Make of Mobile _____ Model _____

Size _____ Color _____ Serial No. _____

VIN: _____

SEWER CONNECTION: Septic _____ Municipal _____

WATER CONNECTION: Well _____ Municipal _____

APPLICANT(S) SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

ZONING APPROVAL: _____

BUILDING APPROVAL: _____

APPROVED FOR ISSUANCE BY: _____

DATE: _____