

**HILLSBOROUGH COUNTY BUILDING SERVICES DIVISION  
MOBILE HOME SET UP (IN A PARK) APPLICATION**

DATE \_\_\_\_\_

**Owner/Manager/Applicant (Print):** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Park Name:** \_\_\_\_\_  
**MH Address:** \_\_\_\_\_  
**Lot #** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Has a mobile home been on this lot before?**  YES  NO  
**MH Make (Year):** \_\_\_\_\_ ( ) **Bedrooms:** \_\_\_\_\_  
**MH Dimensions:** \_\_\_\_\_ **Type of Heat:** \_\_\_\_\_  
**Quarter/Section/Township/Range:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Flood Zone** \_\_\_\_\_ **Elevation** \_\_\_\_\_ **Folio #** \_\_\_\_\_  
**T/ROW Imp. Zone:** \_\_\_\_\_ **Park Imp. Zone:** \_\_\_\_\_

**Contractor Information**

**Name of Set Up Contractor:** \_\_\_\_\_  
**County License #** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Fees**

**Setup** \_\_\_\_\_ \$130.00  
**Plumbing** \_\_\_\_\_ \* \$77.00 (if pulled by setup contractor)  
**Supplemental Plan Review** \_\_\_\_\_ \$51.00

\*Separate Mechanical, Electrical, and Plumbing permit applications required.

It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the zoning ordinance or by other ordinances, codes, or regulations of Hillsborough County.

I, the applicant named in the above (and foregoing) application, do hereby swear under penalty of perjury, provided for in Section 837.06, Florida Statutes, that the information contained and the statements herein made are to the best of my knowledge and belief, true, correct, and complete.

I agree to make installation in accordance with the Construction Code in Hillsborough County, Florida.

**CONTRACTOR'S NAME** \_\_\_\_\_

**PLEASE PRINT:** Name of Active License Holder and License #

**CONTRACTOR OR AUTHORIZED AGENT SIGNATURE** \_\_\_\_\_

**IF SIGNED BY AGENT, PLEASE PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**To be completed by BSD staff:**

**SETUP FEE** \_\_\_\_\_

**OTHER PERMIT FEES** \_\_\_\_\_

**PERMIT#** \_\_\_\_\_