

**APPLICATION FOR A MOBILE HOME/TEMPORARY COMMERCIAL TRAILER / BUILDING  
CITY OF HAMMOND**

FILING DATE: \_\_\_/\_\_\_/\_\_\_

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

REQUIREMENT: MOBILE HOME/TEMPORARY COMMERCIAL TRAILER/BUILDING MAY BE NO MORE THAN FIVE (5) YEARS OLD

**APPLICANT NAME:** \_\_\_\_\_ Owner Other  
First Name MI Last Name

Address: \_\_\_\_\_  
Street Name/Street Number City State Zip

Applicant Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**MOBILE HOME/COMMERCIAL TRAILER MOVER INFORMATION (CONTRACTOR)**

Mobile Home Moving Company: \_\_\_\_\_

Name of **Person** moving mobile home: \_\_\_\_\_  
First Name MI Last Name

Mobile Home Mover Telephone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PARCEL #** \_\_\_\_\_ (Please verify address w/City of Hammond GIS Dept.)

SITE ADDRESS: \_\_\_\_\_  
Street#/Street Name

Where did you get this address?  Post Office  City Building Dept.  911 Office  Other \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_  
First Name MI Last Name

Property Owner Address: \_\_\_\_\_  
Street Name/Street Number City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**PERMIT INFORMATION** FEE: .08 per sq. ft. for Mobile Home

Serial #: \_\_\_\_\_ Size of Trailer or Mobile Home: \_\_\_ ft x \_\_\_ ft. Color: \_\_\_\_\_

Year Built: \_\_\_\_\_ Lot Size: \_\_\_\_\_

FLOOD ZONE: Zoning Requiring Elevation Certificate: A AE AO AH A1-A30 A99 B

Zoning Not Requiring Elevation Certificate: C X

Floodway: Yes No

ZONING REQUIREMENTS							
ZONING	# OF UNITS INSTALLED ON A SINGLE LOT	MINIMUM LOT WIDTH	MINIMUM LOT AREA PER UNIT	MINIMUM LOT AREA THAT CAN BE USED PER UNIT	FRONT SETBACK DISTANCE	SIDE SETBACK DISTANCE	REAR SETBACK DISTANCE
R-S	1	50 FT	5,000 SQ FT	5,000 SQ FT	25 FT	5 FT	10 FT
TEMPORARY 1 YEAR COMMERCIAL TRAILER / BUILDING						FEE: \$100.00	

X \_\_\_\_\_  
SIGNATURE OF APPLICANT (must be signed by owner)

\_\_\_\_\_ DATE

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

AMOUNT PAID \$ \_\_\_\_\_ PAID CHECK # \_\_\_\_\_ CASH DATE PD \_\_\_/\_\_\_/\_\_\_

(See back of form)

FOR OFFICIAL USE ONLY

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Date Approved	Requirement	Approved By: (Initials)
	Sewer/Water Inspection	
	Zoning	
	Site Inspection	
	Building Inspection	
	Skirting	
	Anchoring	

**BUILDING INSPECTOR COMMENTS**

Site & Building Problems Noted: \_\_\_\_\_

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APPROVED:

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BUILDING OFFICIAL, CITY OF HAMMOND  
or BUILDING INSPECTOR  
or CODE ENFORCEMENT OFFICER

\_\_\_\_\_  
DATE

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