



Town of Smyrna Manufactured Home Placement Permit Application

Date of Application: _____

Owner's Name: _____

Address: _____

Description of Mobile Home

Make		Year	
Serial No.		Body Style	
Width		Length	

Name of Mobile Home Park: _____

Location Name of Mobile Home Park _____

Owner of Mobile Home Park _____

Lot No. _____

Lot Size _____

Street Address _____

Applicant (Please Print)

Applicant (Signature)

Phone Number