

**TOWN OF HUDSON
MOBILE/MODULAR/TRAILER HOME
PERMIT APPLICATION**

Set Back Permit Approved: _____

This permit complies with regulations as outlined in Town of Hudson Ordinance #813.

Date of Application _____

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY/TOWN: _____

PHONE NUMBER: _____ CELL PHONE _____

MODULAR HOME ___ MOBILE HOME ___ TRAILER HOME ___

YEAR MOBILE/MODULAR/TRAILER HOME MANUFACTURED: _____

PERMANENT FOUNDATION: Yes ___ No: _____

BLOCK _____ LOT(S) _____

DESCRIPTION OF THE PROPERTY UPON WHICH THE
TRAILER/MOBILE/MODULAR HOME IS TO BE LOCATED:

LICENSE # OF TRAILER/MOBILE HOME _____

DESCRIPTION OF THE TRAILER/MOBILE HOME _____

MAKE: _____ LENGTH: _____

WIDTH: _____ SERIAL # _____

DESCRIPTION OF THE SEWER/WATER/GARBAGE FACILITIES: _____

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Permit Fee Paid _____ Date _____ Payment Method _____

Payment accepted by: _____
(Name & Title)

Permit reviewed by _____ Date: _____

Approved: _____ Denied: _____

Date approved/denied: _____

