

**PERMIT TO MOVE A MOBILE HOME**

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Paid $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landowner/Co-op\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Owner Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written receipt of Co-op approval attached? \_\_\_\_\_\_\_\_\_\_

Moving within the Town of Winchester? \_\_\_\_\_\_\_\_\_\_\_\_ If yes, fill in the following:

From: Map#\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_ To: Map#\_\_\_\_\_\_\_Lot#\_\_\_\_\_\_\_\_\_\_

Receipt of property taxes currently paid? \_\_\_\_\_\_\_\_\_\_\_\_

Septic approval #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Home Info:** Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Manufacture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length \_\_\_\_\_\_\_\_\_\_\_ Width \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by moving this mobile home to the Town of Winchester or within the Town of

Winchester, I must obtain an approved building permit to occupy this home. I further understand that I will comply with all Town, State and Federal Standards. In obtaining this permit I certify under penalties of perjury that I am not liable for property tax in Winchester or any other Town or City in the State of New Hampshire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Signature Building Inspector

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of move Building Inspector