



# TOWN OF ITHACA

215 N. Tioga Street, Ithaca, N.Y. 14850

www.town.ithaca.ny.us



CODE ENFORCEMENT - BRUCE W. BATES, DIRECTOR

Phone (607) 273-1783 ■ Fax (607) 273-1704

[codes@town.ithaca.ny.us](mailto:codes@town.ithaca.ny.us)

## OPERATING PERMIT APPLICATION MOBILE HOME PARK

<b>Mobile Home</b> <b>\$200 annually</b> Date Received _____ Fee Paid _____
--

Business Name: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*If owner is a corporation, names and addresses of responsible officers must be included.\*\*\***

Manager or Responsible Person: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Please list the number of each listed below:

\_\_\_\_\_ Number of lots approved by site plan approval \_\_\_\_\_ Date of approval

\_\_\_\_\_ Number of Single Wide units

\_\_\_\_\_ Number of Double Wide units

The UNDERSIGNED HEREBY APPLIES for permission to do the above in accordance with provisions of the Code of the Town of Ithaca, the NYS Uniform Fire Prevention and Building Code, and all other applicable County, State and Federal laws, AND AFFIRMS that all statements and information given herein are correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent

\_\_\_\_\_  
Date