TOWN OF LITCHFIELD
2400 HALLOWELL ROAD
LITCHFIELD, MAINE 04350-9725
FAX (207) 268-2196 TEL. (207) 268-4721
CEO/BUILDING & PLUMBING INSPECTOR

Map _____ Lot _____

Mobile Home Transfer Application

Property Address: _____
Mobile Home Park Lot Number: _____

Property Owner _____ Phone # _____
Address _____

Property Owner Signature _____

Applicant Name _____ Phone # _____
Address _____
Email Address (if you want permit emailed) _____

Mobile Home Year _____ Serial #_____ Model # _____
Size _____ Color(s) _____
If Applicable;
Mortgage Institution _____
Address _____ Phone # _____

Former Owner Name _____

Proposed Move in Date _____ Date issued _____ Permit # _____

Requests for inspection must be at least 24 hours in advance
No inspection on Friday Saturday or Sunday

Submission Requirement Check List

- Name, Address and phone number of applicant
- Property location including map and lot
- Property Owner Signature
- Copy of Receipt of application fee
- Copy of the Bill of Sale
- Current picture

Town Office Hours:	Code Enforcement Office hours:
Mon. 8:30am – 4:00pm	Mon. 9:30pm to 1:00pm
Tue. 8:00am _ 4:00pm	Tue 9:30am to 1:00pm
Wed. 8:00am _ 4:00pm	Wed. 9:30am to 1:00pm
Thur. 8:00am _ 6:00pm	Thur. 9:30am to 1:00pm

Town Office Phone # 207-268-4721

Code Enforcement Officer
And Plumbing Inspector: Steven Ochmanski

By signing this form, I represent that the information I have provided is accurate and the project meets all applicability requirements and standards for local, State and Federal laws and rules. I attest that I have provided sufficient title, right, or interest in the property where the land use is being conducted. I also attest that I have read and understand all instructions included with this application.

APPLICANT SIGNATURE: _____ DATE _____

TOWN REVIEW BY: _____ DATE _____

□ Approved

□ Denied

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