



**Town of Fishkill
Town Clerk's Office
Application for Mobile Home Park Operation**

<u>FOR OFFICE USE ONLY</u>	
Application No.:	_____
Application Fee:	_____
Escrow Deposit (If applicable):	_____

SECTION A: Facility Information (Entire section must be completed by all applicants.)

Facility Name: _____

Facility Address: _____

City/Town: _____ State: NY Zip Code: _____

Total Number of Units: _____

SECTION B: Owner Information (Entire section must be completed by all applicants.)

Owner's Name: _____

Owner's Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Are you a citizen of the United States? _____

Are you or at any time, have you been a member of any organization listed as subversive by the Attorney General of the United States? _____

Have you been convicted of a crime? _____

SECTION C: (The following documents must be submitted by all applicants as part of this application.)

- List of all current residents - list must include names and addresses of all current residents.
- Current Health Department Approval for Sewer and Water



Town of Fishkill
Town Clerk's Office
Application for Mobile Home Park Operation

SECTION D: Applicable Fees (Entire section must be completed by all applicants. All Applicable fees must be submitted with this application.)

To calculate the Applicable Fees and Escrow Deposit for this application, please refer to the section of the Town's Current Fee Schedule for Mobile Home Park Permits and Escrow Funds.

	Applicable Fee Calculation (Please utilize the Town's Current Fee Schedule and fill in blanks below)	Total
Application for Original License		
Up to and including five (5) homes	\$	\$
Thereafter, per home (no. of homes = _____)	\$	\$
Minimum Fee (per site)	\$	\$
Transfer of License	\$	\$
Escrow Deposit	\$	\$
Renewal of Annual Permit	\$	\$



*Town of Fishkill
Town Clerk's Office
Application for Mobile Home Park Operation*

SECTION E: Affidavit (Entire section must be completed by all applicants.)

I _____ do solemnly swear that the answers and statements made by me in this application are true to the best of my knowledge.

Notary Public:

State of _____, County of _____, on this ____ day of _____ 20 __, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instruction.

Signature of Applicant

Notary Public



Town of Fishkill
Town Clerk's Office
Application for Mobile Home Park Operation

FOR TOWN CLERK'S OFFICE USE ONLY

- Application Referred to the Town Zoning Administrator on _____ day of _____ 20__ with memo to perform inspection of said facility and to report findings and recommendation for issuance of permit to the Town Clerk's Office.
- Inspection and Recommendation Received from the Town Zoning Administrator.
- Permit issued by the Town Clerk's Office on ___ day of _____ 20__.

Permit is valid for one (1) calendar year starting on ___ day of _____ 20__ and ending on _____ day of _____ 20__.