



# Temporary Mobile Home (for residential use)

## Application

A complete application and ALL required attachments are to be submitted prior to review.

## Restrictions

Mobile homes for residential occupancy may be permitted outside of a mobile home park with the following restrictions:

1. During the construction of a permanent residence on the property. The permit may be granted for two (2) years and may be extended for one (1) more year if construction has commenced, but is not complete.
2. For the health issues of someone who necessitates care in the immediate proximity of the primary residence. The permit may be granted for the lifetime of the person(s) needing care and is renewable every four (4) years.

## Fees

Fees are paid when the building permit is picked up. A detailed summary of the calculated fees will be supplied with your permit.

**Temporary Mobile Home:** \$225 base fee plus applicable inspections for the project.

2012 Inspection and Re-inspection Fees							
	Temporary electric	Footing or slab/foundation	Rough-in electric	Rough-in plumbing	Rough-in HVAC	Rough-in framing	Final
<b>Temp Mobile Home</b>	\$65	\$65	\$65	\$65	\$65	\$65	\$65

## Submittal

Applications can be submitted electronically to [wpcstaff@whitestown.in.gov](mailto:wpcstaff@whitestown.in.gov). The application and one copy of each of the attachments must be merged into one single pdf attachment. Applications may also be dropped off at the Whitestown Utility Office, 6999 Lexington Circle, Zionsville, IN 46077.

- Application for Improvement Location Permit.
- Tax Parcel ID #: This number is required on the permit application and can be found on the Boone County GIS website at [www.boonecounty.in.gov](http://www.boonecounty.in.gov).
- Certified Site Plan – (two hard copies) 11"x17" or smaller.
- Construction Plans – (two hard copies) floor plans and a complete cross-section of the proposed structure, 11"x17" or smaller.
- Proof of Sewer and Water Service – obtain from applicable utility prior to submitting application and enter permit number on the application form.
  - o Whitestown Utilities: 6999 Lexington Circle, Zionsville, IN 46077, (317) 733-8584
- Drainage Permit - Boone County Surveyor: 116 W Washington Street, Room 102, Lebanon, IN 46052, (765) 483-4444. Obtain prior to submitting application and enter permit number on the application form.

## Inspections

The permit holder is required to call in for all applicable inspections. Failure to obtain all applicable inspections could result in a zoning violation. Call (317) 313-7327 at least 48 hours in advance to schedule an inspection. Re-inspection fees are assessed for failed inspections per the chart above and must be paid prior to issuance of a Certificate of Occupancy.



# Temporary Mobile Home (for residential occupancy)

For Office Use Only

Permit #:

Fee:

Date Issued:

Application is hereby made for a permit to improve the premises as shown in the accompanying plans and specifications, which are made a part of this application in reliance upon which the Town of Whitestown is requested to issue an improvement location permit. It is understood and agreed by this Applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause refusal of this application, or conditional approval thereof, or any material alteration or change in the accompanying plans, specifications or improvements subsequent to the issuance of a permit in accordance with the application, without the approval of the Town of Whitestown shall constitute sufficient ground for the revocation of this permit.

Date of Application:

Sewer Permit #:

Drainage Permit #:

Name of Applicant:

Address of Applicant:

Contact Person for the Permit:

Contact Phone:

Contact Mobile:

Contact Email:

Name of Contractor:

Address of Contractor:

Contact Person:

Contact Phone:

Address of Location:

Subdivision:

Section #:

Lot #:

Tax Parcel ID#:

Nature of use:

\_\_\_\_\_ during construction of primary residency

\_\_\_\_\_ for health care purposes. Name of occupant(s) requiring care: \_\_\_\_\_

TOTAL Structure Size (sqft):

Living Area (at least 500sqft):

Approximate Construction Cost:

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understands this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

Signature of Applicant: \_\_\_\_\_