

## Clay County Board of Commissioners 105 North Washington Street, Suite 1 Fort Gaines, GA 39851

Office: 229.768.3238 Fax: 229.768.3672

FOR OFFICE USE ONLY		
Real Property:		
Pre-Bill:		
Tax Year:		
Permit #		
Fee: \$		

## MOBILE HOME RELOCATION PERMIT APPLICATION

Date:		
Property Owner:		
Applicant Name:		
Mailing Address:		
City/State/Zip:	Phone #:	
Property Address Moving To:		
Map # from digest:		
Property Address Moving From:		-
You own a mobile home or homes located in operoper identification of your personal property Please PRINT OR TYPE:		the following information for
Previous Owner Name:		
Previous Owner Address:		
Manufacturer:	Model:	
Year of Model: Width:	Length:	
Number of bedrooms:	Number of baths:	
Central HVAC? [ ] Yes [ ] No	Fireplace? [ ] Yes [	] No
Will you be installing a new septic tank: [ ]	Yes [ ] No	

The information requested on your mobile home can be found in your electrical box, on your titles, or on your financing papers from your bank or lending institution.

Please attach a copy of your title if available.

You must show proof of the current tax year property taxes paid before a permit can be issued.

Cc: Tax Assessor's office