

Clifton Township

361 State Route 435 Clifton Township PA 18424

Office: 570-842-4272 Email: Secretary@cliftontownship.com

Application for Mobile Home Park Operation and Maintenance Permit

I/We hereby represent that the information provided herein is true and correct and request that a permit be issued in reliance thereon, and agree to comply with the Clifton Township Mobile Home Park Operation and Maintenance Ordinance, as amended.

Name of Mobile Home Park: _____

Address: _____

Park Owner: _____

Address: _____

Telephone: _____ Email: _____

Park Operator: _____

Address: _____

Telephone: _____ Email: _____

Tax Map Number of Property: _____

Acreage: _____

Date of construction of park or section of the park: _____

Total number of mobile home spaces in the park: _____

Signature: _____

Date: _____

APPLICANT: _____

TOWNSHIP USE ONLY

Application Receipt Date: _____ Fee: \$ _____ Date Fee Received: _____

Received By: _____

ZONING OFFICER USE ONLY

Date of Inspection: _____

☐ Permit APPROVED

The above application for mobile home park operation and maintenance complies with the Clifton Ordinance and is hereby granted.

☐ Permit DENIED

The following deficiencies have been identified:

Date of Notice to Applicant: _____

Clifton Township Zoning Officer

Date

