

TOWN OF CONCORD  
86 Franklin Street, PO Box 368  
Springville, NY 14141  
(716) 592-4948  
(716) 592-0123

**APPLICATION**  
**REPLACEMENT MOBILE HOME**  
(not to exceed a period of more than three years)

Date \_\_\_\_\_

Application # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Location of Mobile Home (provide copy of survey) \_\_\_\_\_

Dimensions of Lot \_\_\_\_\_

Distances to Lot Lines (provide drawing) \_\_\_\_\_

Location of Lot \_\_\_\_\_ Lot Owner \_\_\_\_\_

Make, Model, and Year of Mobile Home \_\_\_\_\_

Does the Sewage Disposal System have Approval  
of Erie County Health Dept. \_\_\_\_\_

Approval of Each Adjoining Property Owner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Approval of Code Enforcement Officer \_\_\_\_\_

Date \_\_\_\_\_

Required Fee \$100.00 All fees are non-refundable.

Date Paid: \_\_\_\_\_

Revised 6/2018