

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

Date Paid: _____

Revised 6/2018