



# Mobile Home Park Setback Application

City of Opelika

Opelika Planning Department  
 700 Fox Trail, Opelika, AL 36801  
 (334) 705-5156, (334) 705-5159



Applicant Name: \_\_\_\_\_ Phone&Email: \_\_\_\_\_  
 Address of Installation: \_\_\_\_\_  
 Name of MHP: \_\_\_\_\_ Lot # \_\_\_\_\_  
 Owner of Mobile Home: \_\_\_\_\_ Phone&Email: \_\_\_\_\_  
 Installer of Mobile Home: \_\_\_\_\_ Phone&Email: \_\_\_\_\_  
 Year MH Built: \_\_\_\_\_ Size: (W) \_\_\_\_\_ x (L) \_\_\_\_\_

### Minimum Plan Submittal Requirements (Section 3.2 Approval of Plans and Issuance of Building Permit)

On a map or plat drawn to scale show the following in sufficient detail: **[Attach map/plat to this application]**

1. The actual shape, proportion and dimensions of the lot to be built upon.
2. The shape, size, and location of all buildings or other structures to be erected, altered or moved (mobile home) and of any buildings or other structures already on the lot including the distance of all structures from property lines.
3. The existing and intended use of all such buildings or other structures.
4. The setback and sidelines of buildings on adjoining lots and such other information concerning the lot or adjoining lots as may be essential for determining whether the provisions of this ordinance are being observed.

SETBACKS	Front	Side	Side'	Rear
Required	5'	20	20'	10'
Proposed	_____	_____	_____	_____

**Mobile homes must be a minimum of 20 feet from all other mobile homes, 10 feet from exterior property lines and 5 feet from private driveways. Section 8.3.C. Zoning Ordinance**

### APPROVAL & SIGNATURES

I, the undersigned applicant/property owner/beneficiary, certify that I have read and examined this application and know the application and all plan submittals are true and correct. I understand that I am required to install or have the mobile home installed in all respects as described in this application and according to plans attached. I understand that all regulations governing the installation of mobile homes must be complied with whether specified herein or not.

\_\_\_\_\_  
 Signature of Applicant/property owner/beneficiary                      Print Name                      date

### Comments/Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Planning Department                      date                      Reviewed & Approved