



CITY OF MILLS
EST. 1921

City of Mills
704 Fourth Street / PO Box 789
Mills, WY, 82644
307-234-6679

Mobile Home Checklist

Moving a mobile home into the City of Mills shall require specific rules and inspections in order to stay within compliance and meet building codes set forth by the City.
All inspections will need to be scheduled with the City of Mills at 307-234-6679.

All mobile homes entering the City of Mills will be manufactured no later than 20 years ago.

Per Ordinance 719, if you are requesting a variance from City Council and are denied your costs are non-refundable

☐ **City of Mills Manufactured Home Compliance Inspection** – (This form is completed by the City Inspector)

- The cost of this compliance inspection is \$275.00. (Non-Refundable)
- If the Mobile Home is a new model having never been inhabited, or set up the \$275.00 will not be assessed.
- If Violations are found upon inspection, repairs must be made within 30 days of Compliance Inspection anything not repaired to City code will not be allowed to move into the City of Mills.
- Once the Mobile Home has passed the Compliance Inspection a Mobile Home Moving Application must be Submitted.

☐ **Mobile Home Moving Application**

- The cost of a Mobile Home Moving Application is \$35.00 for a single wide or \$70.00 for a double wide.

☐ **Building Permit Application**

- A Building Permit is only necessary if home is placed on a permanent foundation.

☐ **Plumbing Permit Application**

- A Plumbing Permit is necessary for all homes moved into the City of Mills.

☐ **Water & Sewer Taps**

- Water & Sewer tap fees will be assessed to vacant lots. (Not previously occupied)

☐ **Zoning Certificate Application**

- A Zoning Certificate is necessary for all homes moved into the City of Mills.

☐ **Plot Plan**

- A Plot Plan is necessary for all homes moved into the City of Mills.

By signing below, you acknowledge receipt of the policies as listed above. You further acknowledge that you have read, understand, and accept each policy in its entirety.

Signature: _____ Date: _____

Approvals

City Planner: _____ Building Inspector: _____

City Administrator: _____



Manufactured Home Compliance Inspection

APPLICANT/OWNER: _____ PHONE # _____

INSPECTION ADDRESS: _____ MILLS ADDRESS: _____

YEAR MANUFACTURED HOME: _____ MAKE/MODEL OF HOME: _____

PERMIT # _____ CONTRACTOR: _____ PHONE # _____

ITEM INSPECTIONS	INSPECTOR COMMENTS
ROOFING: Must be in good condition and complete (no missing shingles or broken seams)	
FLASHING: Must be secured and sealed with proper caulking	
SIDING: Must be in good condition and complete (No hole tears or missing pieces)	
WINDOWS: Must not have any broken glass or operating parts and must open and close properly. (egress windows in bedrooms)	
FLOORS: Must be solid and in good repair. (any breaks or holes need repaired prior to moving permit)	
ELECTRICAL SYSTEM: No exposed wiring, no "blackened" outlets or switches. No loose or broken breakers or connections on the panel.	
PLUMBING: No broken or cracking fixtures. No broken or cracking porcelain / plastic sinks, tubs, or showers.	
FURNACE: Must be in good working condition with proper covers, vents and registers.	
WATER SUPPLY LINES: All waterlines and fixtures must be in proper working condition and properly strapped if exposed.	
DRAIN LINES: All drain lines must have proper flow and free of any cracks.	
GAS SUPPLY LINES: Supply lines within the home must be in good working condition strapped properly and sealed.	
GAS APPLIANCES: All gas fired appliances must be properly vented. Penetrations above and below must be properly sealed.	

COMPLIANCE INSPECTOR: _____ DATE OF INSPECTION: _____

☐ PASSED INSPECTION (Complete the Mobile Home Moving Application and Proper Permits Before Moving Home)

☐ FAILED INSPECTION (Home Cannot be Moved into the City of Mills unless Deficiencies are Fixed Within 30 Days)

☐ FAILED INSPECTION (Home is too old to be Moved into the City of Mills.)

Applicant/Home owner Signature: _____

Date: _____



Mobile Home Moving Application

APPLICANT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

CONTRACTORS INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Wydol Permit #: _____

MOBILE HOME INFORMATION:

Current Location:	Proposed Location:
Year Built:	Zoning District:
Total Length:	Maximum Height
Maximum Width:	Total GVW:

REVIEWED BY:	APPROVE HOME:	COMMENTS:
City Administrator		
City Planner		
Building Inspector		
Police Chief		
Fire Chief		
Code Enforcement		
Public Works Director		

I, _____ Owner/Contractor,
Swear that all information furnished herein is true and correct and that
I will comply with all applicable state and local laws

Approved; _____

Building Official

_____ Date


Incomplete applications cannot be processed

Use this packet as the application to locate move, and approve a mobile home in Mills. Draw the location of the mobile home on the plot plan page. Label streets, setbacks from structure wall to the lot line (front / side / rear). Verify minimum lot requirements per zoning district (Section 17.08.040 table). When Applicable provide photos of the mobile home for review prior to moving.

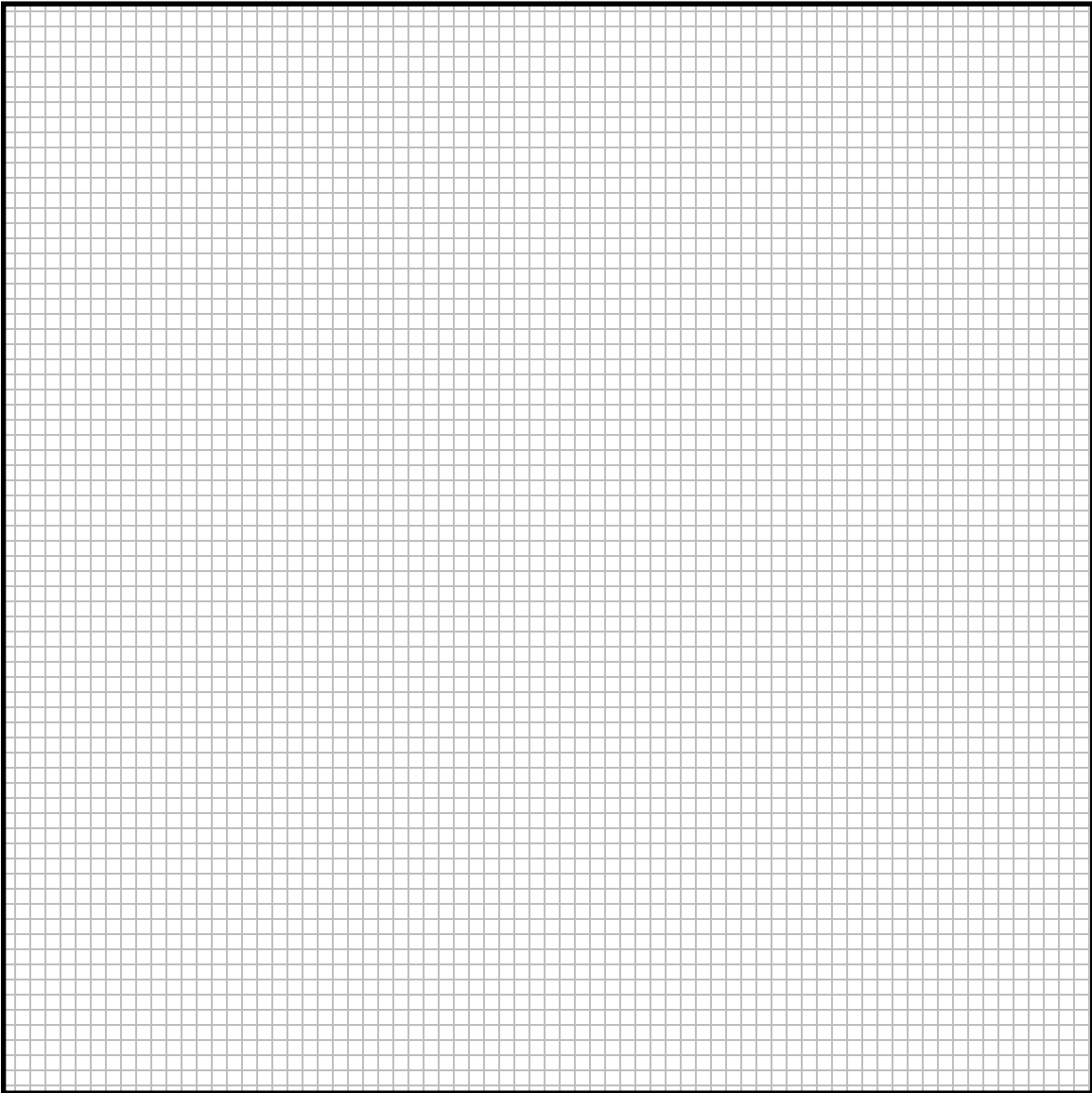
Plot Plan

(PLOT PLAN MUST BE COMPLETED AND ATTACHED TO ZONING CERTIFICATE APPLICATION.)



North 
(Circle One)

Scale - 1 square = ____/feet



Show Proposed Structures, Property Lines, Street Names, Dimensions and Existing Structures if Applicable.

Plot Plans for building homes, engineered structures and commercial/industrial buildings must be completed by a professional engineer, architect, and designer/drafting technician.



Zoning Certificate Application

PROPERTY ADDRESS:			
SUBDIVISION/ADDITION:		BLOCK:	LOT:
SECTION:	TOWNSHIP:		RANGE:
2. OWNER INFORMATION: Name: _____		3. CONTRACTORS INFORMATION: LICENSE# _____ Name: _____	
ADDRESS: _____		ADDRESS: _____	
TELEPHONE: _____		TELEPHONE: _____	
RESIDENTIAL	CHECK ALL THAT APPLY:		
	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL		
	<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> PATIO COVERS <input type="checkbox"/> CAR PORT <input type="checkbox"/> SHED		
	<input type="checkbox"/> DECKS/PORCHES <input type="checkbox"/> FENCE (Material: _____; Height: _____)		
	<input type="checkbox"/> OTHER _____ TOTAL SQUARE FOOTAGE _____		
COMMERCIAL	CHECK ALL THAT APPLY:		
	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> NEW USE <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY		
	<input type="checkbox"/> OUT BUILDING <input type="checkbox"/> FREE STANDING SIGN <input type="checkbox"/> TEMPORARY SIGN <input type="checkbox"/> WALL SIGN		
	<input type="checkbox"/> PATIO COVERS <input type="checkbox"/> FENCE (Material: _____; Height: _____)		
	<input type="checkbox"/> OTHER _____ TOTAL SQUARE FOOTAGE _____		
List all existing structures, including size, on the subject parcel :			
Explain use/project in detail (Residence type, business name, type of business, materials to be stored, etc.)			
BUILDING SETBACKS			
FRONT: _____ REAR: _____ SIDE YARD: _____ CORNER: _____ CORNER LOT STREET SIDE: _____			
ZONING REQUIREMENTS			
FLOOD PLAIN DESIGNATION (100, 500, 1,000, NONE...): _____ ZONING DISTRICT: _____			
MAXIMUM HEIGHT: _____ MINIMUM LOT SIZE: _____ MINIMUM OPEN SPACE: _____			
REQUIRED PARKING: _____ REQUIRED LANDSCAPING: _____ OTHER: _____			
WATER: <input type="checkbox"/> YES <input type="checkbox"/> NO SEWER: <input type="checkbox"/> YES <input type="checkbox"/> NO FIRE HYDRANT WITHIN 500': <input type="checkbox"/> YES <input type="checkbox"/> NO			

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a zoning certificate does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Authorized Agent: _____ Date: _____

Comments, Conditions, Restrictions: _____

Approvals

City Planner: _____ Building Inspector: _____

City Administrator: _____



Building Permit Application

Applicant to Complete Numbered Spaces Only.

JOB ADDRESS:					
1. LEGAL DESCRIPTION:	LOT #	BLOCK	ADDITION		
2. OWNER INFORMATION: Name: _____		3. CONTRACTORS INFORMATION: LICENSE# _____ Name: _____			
ADDRESS: _____		ADDRESS: _____			
TELEPHONE: _____		TELEPHONE: _____			
4. ARCHITECT/ENGINEER:					
5. USE OF BUILDING:					
6. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL					
7. DESCRIPTION OF WORK:					
8. WORK BEING DONE IN FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		9. VALUATIONS OF WORK: \$			
SPECIAL CONDITIONS:		PLAN CHECK FEE: \$	PERMIT FEE: \$		
		TYPE OF CONSTRUCTION:	OCCUPANCY GROUP:		
		Total Sq. Ft. Of Building:	Number of Stories:		
		Max Occupancy Load:	No. Dwelling Units:		
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. ELECTRICAL PERMITS ARE ISSUED BY NATRONA COUNTY.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS, SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		Fire Sprinkler Required: <input type="checkbox"/> YES <input type="checkbox"/> NO			
		Special Approvals	Required	Received	Not Required
		ZONING			
		SOIL REPORT			
		ENGINEERING			
		HEALTH DEPT.			
		FIRE DEPT.			
		OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____ SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____		Application Accepted By:			
		PLANS CHECKED BY:			
		Building Inspector: _____			
		City Planner: _____			
		City Administrator: _____			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION: **CHECK:** ☐ **MONEY ORDER:** ☐ **CASH.** ☐ **PERMIT:** **CHECK:** ☐ **MONEY ORDER:** ☐ **CASH.** ☐



Plumbing Permit

PROPERTY INFORMATION	
OWNER:	
PROPERTY ADDRESS:	
PHONE:	EMAIL:

PERMIT INFORMATION					Valuation of Work: \$ _____		
This Plumbing Permit Involves: <i>(Select One)</i>		<input type="checkbox"/> SINGLE-FAMILY, DUPLEX OR TOWNHOUSES (RESIDENTIAL ONLY) <input type="checkbox"/> MULTI-FAMILY (RESIDENTIAL ONLY)			<input type="checkbox"/> MIXED-USE <input type="checkbox"/> COMMERCIAL OR INDUSTRIAL (NON RESIDENTIAL)		
This Plumbing Permit Relates To: <i>(Select One)</i>		<input type="checkbox"/> CONSTRUCTION OF NEW BUILDING <input type="checkbox"/> CONSTRUCTION OR MODIFICATION OF A NON- BUILDING STRUCTURE			<input type="checkbox"/> ALTERATION OR ADDITION TO AN EXISTING BUILDING		
The Proposed Work Will Be Located:		<input type="checkbox"/> Interior Only			<input type="checkbox"/> Exterior Only		<input type="checkbox"/> Interior & Exterior
No.	PLUMBING	No.	PLUMBING	No.	GAS	No.	MISCELLANEOUS
	Toilet		Drinking Fountain		Dryer		Water Line Replacement
	Bath Tub		Water Softener		Central Heat		Sewer Line Replacement
	Shower		Washing Machine		Floor Furnace		Sprinkler System
	Lavatory		Dish Washer		Gas Range		Hose Bibs
	Floor Drain		Service Sink		Unit Heater		Water/Sewer Line Repairs
	Water Heater		Sump		Patio Grill		Fire Line
	Urinal		Kitchen Sink		Inside Gas Line		Meter Pit
	Laundry Tray		Other		Outside Gas Line		Other

PLUMBING CONTRACTOR INFORMATION		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
OR <input type="checkbox"/> OWNER IS CONTRACTOR		
APPLICANT SIGNATURE:		APPLICATION DATE:

CITY OFFICIAL	
APPROVAL SIGNATURE:	APPROVAL DATE:

Permit Issued Subject To Provisions of City Ordinance