

MANUFACTURED & MOBILE HOME STATEMENT OF MONTHLY MUNICIPAL PERMIT FEE

INSTRUCTIONS

MANUFACTURED & MOBILE HOME COMMUNITY OPERATOR (or owner of land if manufactured or mobile home subject to fee is located outside of community): Complete Section A with manufactured or mobile home owner. Submit in duplicate to your local Assessor within 5 days of the arrival of each unit.

ASSESSOR: Complete Section B. Determine the fair market value of the manufactured or mobile home. (Use PA-117, Manufactured & Mobile Home Valuation Worksheet). **NOTE:** Exempt furnishings must be subtracted from the fair market value if included in that figure. Submit form to local Clerk for computation of municipal permit fee.

CLERK: Complete Section C.

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| TO BE COMPLETED BY COMMUNITY OPERATOR AND MANUFAC- TURED OR MOBILE HOME OWNER | SECTION A | | | | | | | |
| | TAXATION DISTRICT | SCHOOL DISTRICT | COUNTY | NAME OF MANUFACTURED OR MOBILE HOME OWNER | | | | |
| | NAME OF COMMUNITY | | | | ADDRESS OF MANUFACTURED OR MOBILE HOME | | | |
| | COMMUNITY ADDRESS | | | ARRIVAL DATE | OWNER PERMANENT ADDRESS | | | |
| | MANUFACTURED OR MOBILE HOME DESCRIPTION | | | | | | | |
| | MANUFACTURER'S NAME | | | MODEL OR POPULAR NAME | | | SERIAL NUMBER | |
| | YR OF MANUFACTURE | PURCHASE YEAR | PURCHASE PRICE | | PURCHASED AS <input type="checkbox"/> NEW <input type="checkbox"/> USED | | WHERE PURCHASED | |
| | DO YOU HAVE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE | | LICENSE NO. (IF APPLICABLE) | WIDTH FT. | LENGTH FT. | WEIGHT | COLOR | NO. OF AXLES |
| | NO. OF ROOMS BATHS _____ BDRMS _____ TOTAL ROOMS _____ | | DOES THE UNIT HAVE <input type="checkbox"/> SKIRTING <input type="checkbox"/> FIREPLACE <input type="checkbox"/> PORCH _____ SF <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> WASHER <input type="checkbox"/> PATIO _____ SF <input type="checkbox"/> DISHWASHER <input type="checkbox"/> DRYER <input type="checkbox"/> CARPORT _____ SF | | | | | |
| | PLEASE SIGN HERE | | SIGNATURE OF UNIT OWNER | | | | DATE | |

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| ASSESSOR | SECTION B – VALUATION | |
| | 1. Total Fair Market Value \$ _____ | DATE VIEWED OR INSPECTED |
| | 2. Exempt Furnishings – \$ _____ | SIGNATURE OF ASSESSOR |
| | 3. NET FAIR MARKET VALUE \$ _____ (Subtract line 2 from line 1) | |

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| CLERK | SECTION C – COMPUTATION OF MUNICIPAL PERMIT FEE | |
| | 4. Net Fair Market Value (from line 3 above) \$ _____ | The first monthly fee covers the month of _____ |
| | 5. % Level of Local Assessment X _____ (established for preceding Jan. 1 assessment) | |
| | 6. Value for Fee Computation (multiply line 4 by line 5) \$ _____ | and is due on or before the 10th day of _____ |
| | 7. Net Tax Rate (after state tax credit) (established for preceding January 1 assessment) X _____ | |
| | 8. Annual Fee (multiply line 6 by line 7) \$ _____ | The monthly fee is due on or before the 10th day of each month thereafter. |
| | 9. Gross Monthly Fee (divide line 8 by 12 months) \$ _____ | |
| | 10. Lottery Credit (if applicable) – \$ _____ | |
| | 11. Net Monthly Fee (subtract line 10 from line 9) \$ _____ | |