

DEVELOPMENT SERVICES DIVISION

County of
EL DORADO

<http://www.edcgov.us/devservices>

2850 Fairlane Court
Placerville, Ca 95667
(530) 624-5315
(530) 622-1708 fax

PART 16

APPLICATION FOR TEMPORARY MOBILE HOME/RECREATIONAL VEHICLE (RV) OR TRAILER - (TMA) (EFFECTIVE 4-15-14)

ASSESSOR'S PARCEL NUMBER _____

PROPERTY OWNER _____

Mailing Address _____
P.O. Box or Street City State Zip

Phone _____ Cell Phone _____ E-mail _____

APPLICANT / AGENT (if different than property owner) _____

Mailing Address _____
P.O. Box or Street City State Zip

Phone _____ Cell Phone _____ E-mail _____

AFFIDAVIT SUPPORTING APPLICATION

Check the purpose for the temporary mobile home or RV and sign the statement below

___ For use by a family member or owner of the property to prevent dislocation of a family member or allow for in-home care of family members (17.52.030.A) _____ The current owner must reside on property. Name of family member being cared for

___ For use by caretaker to assist elderly or handicapped homeowner. (Site must consist of one acre. The elderly or handicapped owner must live on site.) (17.52.030.B)

The undersigned property owner(s) declare(s) that he/she/they understand that the temporary mobile home or RV can only be occupied as provided in Section 17.52.030.A. or B of the El Dorado County Code as described above.

Owner Signature

Print Name

Owner Signature

Print Name

OFFICE

USE ONLY: #TMA _____

Fee _____

Receipt # _____

Expiration _____

Development Services Staff _____

Date _____