



**JACKSON COUNTY, COLORADO
BUILDING INSPECTION DIVISION**

PO Box 1019 Walden, CO 80480
970-723-8580

**APPLICATION FOR TEMPORARY MOBILE
STRUCTURE PERMIT**

(Good For Only 12 Months)

Date: _____ Permit Fee: \$25.00

Applicant/Owner: _____

Address & Phone: _____

Physical Address: _____

Legal Description: _____

Zoning District: _____

Contractor: _____

Address & Phone: _____

Type of Mobile Unit: New: _____ Used: _____

Size of Mobile Unit: Use: _____ # of Rooms: _____

of People Served: _____

Date structure is to be set: _____

Date structure is to be removed: _____

Water Supply: _____

Sewage System Type: _____

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all county resolutions and state laws regulating temporary mobile structures.

Signature of Owner: _____

Date: _____
