

Mobile home park operator instructions (or owner of land if mobile home subject to fee is located outside of park): Complete all sections of this application with the mobile home occupant. Section B only needs to be completed if the mobile home was purchased in the last 12 months.

Section A	Municipality: <u>City of Marshfield, Wood County</u>	Owner	Name: <u>Shirley Martin</u>
	Name of park: <u>Oak Grove Terrace</u>		Address: <u>901 E Kalsched St</u>
	Addr of home: <u>901 E Kalsched St Lot 901</u>		
	Arrival date: <u>9/1/2011</u>		City, ST, Zip: <u>Marshfield, WI 54449</u>

Section B - Purchase Information (complete if mobile home was purchased in the last 12 months)

Date purchased: _____ Purchase price (include delivery, taxes, setup charges, etc): _____

Buyer	Name	Seller	Name
	Address		Address
	City, State, Zip, Country		City, State, Zip, Country

Section C - Mobile Home, Attachments, and Other Building Improvements

Manufacturer and model: Single Wide

Year built: 1997

<p>Exterior Wall (choose one)</p> <p><input type="checkbox"/> (1) Hardboard sheet</p> <p><input checked="" type="checkbox"/> (2) Aluminum/vinyl</p> <p><input type="checkbox"/> (3) Lap siding</p> <p><input type="checkbox"/> (4) Cement fiber, lap</p> <p><input type="checkbox"/> (5) Cement fiber, sheet</p> <p><input type="checkbox"/> (6) Plywood with batts</p> <p><input type="checkbox"/> (7) Stucco</p> <p><input type="checkbox"/> (8) Wood stresskin sandwich</p> <p><input type="checkbox"/> (9) Log siding</p>	<p>Fireplace (choose one)</p> <p><input checked="" type="checkbox"/> (0) None</p> <p><input type="checkbox"/> (1) Masonry woodburning</p> <p><input type="checkbox"/> (2) Prefabricated metal</p> <p><input type="checkbox"/> (3) Gas</p>	<p>Areas (fill all that apply)</p> <p>Home width: <u>16</u> ft</p> <p>Home length*: <u>70</u> ft</p> <p>Tag along width: _____ ft</p> <p>Tag along length: _____ ft</p> <p>Full basement: _____ sf</p> <p>Crawl space: _____ sf</p> <p>* Do not include trailer hitch</p>	<p>Attachments (fill in all that apply)</p> <p>Screen porch, Frame, lower _____ sf</p> <p>Screen porch, Masonry, lower _____ sf</p> <p>Open porch, Frame, lower _____ sf</p> <p>Open porch, Masonry, lower _____ sf</p> <p>Enclosed porch, Frame, lower _____ sf</p> <p>Enclosed porch, Masonry, low _____ sf</p> <p>Garage, Frame or cb _____ sf</p> <p>Garage, Masonry _____ sf</p> <p>Carport, Standard _____ sf</p> <p>Deck, Fir or pine <u>18</u> sf</p> <p>Deck, Cedar _____ sf</p> <p>Deck, Composite _____ sf</p> <p>Deck, Vinyl _____ sf</p> <p>Deck, Metal _____ sf</p> <p>Canopy, Standard <u>360</u> sf</p> <p>Canopy, Light _____ sf</p> <p>Patio, Concrete _____ sf</p> <p>Patio, Flagstone _____ sf</p>
<p>Skirting (choose one)</p> <p><input type="checkbox"/> (0) None</p> <p><input checked="" type="checkbox"/> (1) Metal or vinyl</p> <p><input type="checkbox"/> (2) Simulated stone or brick</p> <p><input type="checkbox"/> (3) Brick or stone veneer</p>	<p>Other Building Improvements (e.g. garage, shed, pool, etc)</p> <p><input type="checkbox"/> Check box if there are no other buildings on the same lot. Otherwise, list each type and size on the following lines.</p> <p>Type: _____ Size: _____ sf</p>		
<p>Heating (choose one)</p> <p><input type="checkbox"/> (1) Heat only</p> <p><input checked="" type="checkbox"/> (2) Heat and A/C</p>			

Section D - Lottery and Gaming Credit

Check box to claim the Lottery and Gaming Credit on your monthly mobile home municipal permit fee. You can only claim this credit if you are the owner of the mobile home (in this application) on January 1, 2020 **AND you use the home as your primary residence (you can have only one primary residence)**. If you are moving in after January 1st, you cannot claim the credit this year. However, you will be given another opportunity to claim the credit for next year when you renew your parking permit.

I hereby declare all information given is complete, true and correct for all mobile home, attachments and other building improvements at this address.

Applicant's name (please print)	Park operator's name (please print)
Applicant's signature	Park operator's signature
Date signed	Date signed

<p>Return to: City of Marshfield Assessor's Office 207 W 6th St Marshfield, WI 54449</p>	<p>If you have any questions about this form, please contact:</p> <p>James Toth (414)858-0236</p>
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