



MOBILE HOME MOVING PERMIT

TOWN OF CHARLESTOWN
PO BOX 385
CHARLESTOWN, NH 03603

Date: _____

Person requesting permit: _____

Phone: _____

Email: _____

Permission is hereby granted for: _____

To move a mobile home (make): _____

From: _____

To: _____

FOR OFFICE USE ONLY

All taxes against this unit have been satisfied: YES NO OTHER: _____

Board of Selectmen/Assessors
Charlestown, NH