



**WOOD COUNTY HEALTH
DEPARTMENT
APPLICATION FOR MANUFACTURED
HOME COMMUNITY PERMIT**

*Maximizing quality
of life across the
lifespan*

In accordance with Wood County Ordinance 301, Section 101.935(2)(e) Wisconsin Statutes,
and WI Admin Code SPS 326, I do hereby make Application to the Wood County Health Department
for an operating permit for the license year July 1, 2022 to June 30, 2023.
Operating in any part of the fiscal year requires a permit.

PERMITS ARE NOT TRANSFERABLE

Establishment Name _____	ID# _____
Establishment Address _____	City _____ Zip _____
Owner Name _____	email _____
(List the individual, partnership, or corporation name and the agent)	
Owner Address _____	City _____ Zip _____
Preferred mailing address for license and correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment	
Phone: Establishment _____	Home _____ (if applicable)
Park Manager Name (if not same as owner) _____	Phone _____
Signature of Applicant _____	Date _____

Manufactured Home Community Fee Schedule:

Number of Sites	Pre-Licensing Insp Fee <small>(only for new park or park expansion)</small>	License Fee
<input type="checkbox"/> 3-20 Sites	\$ 75.00	\$177.00
<input type="checkbox"/> 21-50 Sites	\$100.00	\$319.00
<input type="checkbox"/> 51-100 Sites	\$125.00	\$490.00
<input type="checkbox"/> 101-175 Sites	\$150.00	\$627.00
<input type="checkbox"/> 176 + Sites	\$200.00	\$695.00

Water Supply

Private

Public

Annual Water Testing Fee Per Well - Number of Wells _____ (x) \$ 40.00

(If on a private well, bacteria and nitrate only)

Additional charges may apply for repeat sampling.

OTHER FEES

- NSF Fee (includes account closed or check non-payable) \$150.00
- Operating without a License Double License Fee
- Special Inspection \$175.00
- Duplicate Permit \$ 20.00
- Re-inspection Fee (\$200.00 for each additional repeat inspection) \$ 50.00

The Pre-Licensing Fee is only for new owners or other changes of ownership.

Pre-Licensing Insp. Fee	License Fee	Other Fees (if applicable)	Total Fees
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Forward completed application and fee to:

Wood County Health Department
 Attn: Environmental Health
 111 W Jackson Street
 Wisconsin Rapids WI 54495

Phone (715) 421-8911 or (715) 387-8646

Make check or money order payable to: **Wood County Health Department**