

## 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, 2024 to June 30, 2025.

Operating in any part of the fiscal year requires a permit.

## PERMITS ARE NOT TRANSFERABLE

Establishment Name					
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:   Owner   Establishment					
Phone: Establishment Ho	ome	(if applicable)			
Park Manager Name (if not same as owner)	Phone				
Signature of Applicant	Date	e			

## **Manufactured Home Community Fee Schedule:**

Number of Sites Pre-Licensing Insp Fee		License Fee	
	(*only for new park or park expansion)		
□ 3-20 Sites	\$ 75.00	\$204.00	
□ 21-50 Sites	\$100.00	\$367.00	
□ 51-100 Sites	\$125.00	\$564.00	
□ 101-175 Sites	\$150.00	\$721.00	
□ 176 + Sites	\$200.00	\$799.00	

## **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)	\$ 100.00

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

Forward completed application and fee to:

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

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

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