



ADAMS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT APPLICATION FOR MANUFACTURED HOME COMMUNITY PERMIT

*Preserving &
strengthening
individuals, families and
the community*

In accordance with Adams County Public Health Ordinance #20-16, I do hereby make application to the Adams County Health and Human Services 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.** Inspection and licensing services are being provided by the Wood County Health Department.

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 _____ 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	\$204.00
<input type="checkbox"/> 21-50 Sites	\$100.00	\$367.00
<input type="checkbox"/> 51-100 Sites	\$125.00	\$564.00
<input type="checkbox"/> 101-175 Sites	\$150.00	\$721.00
<input type="checkbox"/> 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:

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**