



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

*The mission of the  
Wood County Health  
Department is to  
maximize 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, 2016 to June 30, 2017.

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

**PERMITS ARE NOT TRANSFERABLE**

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

**Manufactured Home Community Fee Schedule:**

<b>Number of Sites</b>	<b>Pre-Licensing Insp Fee</b> (only for new or changed ownership)	<b>License Fee</b>
<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

**-OVER-**

**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**

- Late Fee for a renewal application postmarked after **June 30, 2016** \$150.00
- 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 (\$100.00 for each additional repeat inspection) \$ 75.00

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

License Fees	Other Fees	Pre-Licensing Fees	Total Fees
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Forward completed application and fee to:  
 Phone (715) 421-8911 or (715) 387-8646

Wood County Health Department  
 Attn: Environmental Health  
 P.O. BOX 8080  
 Wisconsin Rapids WI 54495

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

**A \$150.00 Late Fee** will be charged for any application **postmarked after June 30, 2016**. Permit renewals not received by **July 15, 2016** will be referred to the office of Wood County Corporation Counsel for legal action.