



# JUNEAU COUNTY HEALTH DEPARTMENT APPLICATION FOR MANUFACTURED HOME COMMUNITY PERMIT

*Your partners for  
a healthy  
community*

In accordance with Juneau County Public Health Ordinance #11B, I do hereby make application to the Juneau County Health Department for an operating permit for the license year July 1, 2021 to June 30, 2022. **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 \_\_\_\_\_ 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:     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:**

<b>Number of Sites</b>	<b>Pre-Licensing Insp Fee</b> (only for new park or park expansion)	<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

**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**