



**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, 2022 to June 30, 2023. **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: <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 (only for new park or park expansion)	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**