



**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, 2023 to June 30, 2024. **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: <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 park or park expansion)	<b>License Fee</b>
<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**