



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

*Maximizing 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, 2023 to June 30, 2024.  
**Operating in any part of the fiscal year requires a permit.**

**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**