



**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, 2025 to June 30, 2026. **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)
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	\$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

-OVER-

OTHER FEES

- | | |
|---|--------------------|
| <input type="checkbox"/> NSF Fee (includes account closed or check non-payable) | \$150.00 |
| <input type="checkbox"/> Operating without a License | Double License Fee |
| <input type="checkbox"/> Special Inspection | \$175.00 |
| <input type="checkbox"/> Duplicate Permit | \$ 20.00 |
| <input type="checkbox"/> 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:

Phone (715) 421-8911 or (715) 387-8646

Wood County Health Department
Attn: Environmental Health
111 W Jackson Street
Wisconsin Rapids WI 54495

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