



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, 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: ☐ 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:

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**