



**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, 2025 to June 30, 2026.

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: ☐ 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:

Wood County Health Department

Attn: Environmental Health

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

111 W Jackson Street

Wisconsin Rapids WI 54495

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