



**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, 2026 to June 30, 2027. **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	\$125.00	\$288.00
<input type="checkbox"/> 21-50 Sites	\$225.00	\$518.00
<input type="checkbox"/> 51-100 Sites	\$350.00	\$805.00
<input type="checkbox"/> 101-175 Sites	\$450.00	\$1,035.00
<input type="checkbox"/> 176 + Sites	\$500.00	\$1,150.00

OTHER FEES

- NSF Fee (includes account closed or check non-payable) \$75.00
- 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**