

**BUCKS COUNTY DEPARTMENT OF HEALTH
APPLICATION MOBILE HOME COMMUNITY REGISTRATION**

Municipality: _____ ID#: _____
Township/Borough

Mobile Home Community Name: _____

Address: _____ () _____
Street City/Town Zip Phone #

Owner's Name: _____

Address: _____ () _____
Street City/Town Zip Phone #

Email Address: _____ Business Fax # () _____

Mobile Home Community: Existent Proposed

Total Number Mobile Home Spaces Provided: _____

Water Supply: Private No.# of Wells _____

Public _____
Municipal Authority Name

Public Bathing Place: Yes No

Sewage Disposal: Public Sewers _____ On-lot Sewage System
Municipal Authority Name

Refuse/Trash Disposal Pick-up: _____
Name of Trash Hauler

Food Service Provided: Yes No

Number of Service Buildings Provided: _____

Do you plan to expand Mobile Home Community area this year? Yes No

If yes refer to Section 5.1 (Plan Reviews) in the Mobile Home Community Rules and Regulations

The undersigned attests that the above information is correct, and understands that the Certificate of Registration is subject to suspension or revocation under Section 3.3 & 3.4 of the Mobile Home Community Rules and Regulations for failure to comply with the requirements and subject to the penalty provisions set forth.

Make Check Payable to the: BUCKS COUNTY DEPARTMENT OF HEALTH

Mail Application to: Bucks County Department of Health
Neshaminy Manor Center
1282 Almshouse Road
Doylestown, PA. 18901

Signature (owner): _____ Date: _____

Fee Schedule is based upon the number of mobile home spaces provided. (See attached fee schedule.)

The fee required is dependent upon the accuracy of the information provided on this application. The spaces will be counted at inspection time and if not accurate a fee adjustment will be required prior to the issuance of the Certificate of Registration.

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DO NOT WRITE BELOW DOTTED LINE FOR DEPARTMENT USE ONLY

Appropriate Fee Received Cash Check Money Order

Check No. _____ Dated: _____ Received By: _____