

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**MOBILE HOME PARK PERMIT APPLICATION**  
**2012**

OWNER/AGENT \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE # (    ) \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER/AGENT SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(or Federal ID)

NAME OF MOBILE HOME PARK \_\_\_\_\_

FORMERLY OPERATING AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF OPERATION \_\_\_\_\_

PHONE # (    ) \_\_\_\_\_ FAX# (    ) \_\_\_\_\_

**FEE SCHEDULE BASED ON SITES**

(    ) 0-20	\$100.00	(    ) 21-25	\$125.00
(    ) 26-30	\$150.00	(    ) 31-35	\$175.00
(    ) 36-40	\$200.00	(    ) 41-45	\$225.00
(    ) 46-50	\$250.00	(    ) 51-55	\$275.00
(    ) 56-60	\$300.00	(    ) 61-65	\$325.00
(    ) 66-70	\$350.00	(    ) 71-75	\$375.00
(    ) 76 & over	\$400.00		

**PLEASE ENCLOSE FEE, PAYABLE TO THE WHEELING-OHIO COUNTY HEALTH DEPARTMENT, WITH COMPLETED APPLICATION AND RETURN TO:**

**Wheeling-Ohio County Health Department  
1500 Chapline Street – Room 106  
Wheeling, WV 26003**

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**For Health Department Use Only**

Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_ By \_\_\_\_\_

Amount Paid \_\_\_\_\_ Expiration Date \_\_\_\_\_

