

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
MOBILE HOME PARK PERMIT APPLICATION
2011

OWNER/AGENT _____

OWNER'S ADDRESS _____

OWNER'S PHONE # () _____ FAX# _____

OWNER/AGENT SOCIAL SECURITY NUMBER _____ - _____ - _____

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**

For Health Department Use Only

Permit Number _____ **Date Issued** _____ **By** _____
Amount Paid _____ **Expiration Date** _____