



**CECIL COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES
 401 BOW STREET
 ELKTON, Maryland 21921-5515
 Telephone: 410-996-5160
 Fax: 410-996-5153**

PLEASE REMIT FEE OF \$ _____ WITH APPLICATION

Application is hereby made for a Permit to Operate a Mobile Home Park in accordance with Maryland State Department of Health and Mental Hygiene Regulation 10.16.02 **“Regulations Governing Construction, Equipment, Sanitation, Operation, and Maintenance of Mobile Home Parks”**.

PLEASE PRINT OR TYPE AND RETURN

Name of Park _____ Phone: _____

Mailing Address _____

Resident Manager _____ Phone: _____

Owner or Agent _____ Phone: _____

Mailing Address _____

Exact Location of Park _____

Number of approved Mobile Home Sites _____

Number of Mobile Homes Installed _____

Operation Date of Mobile Home Park: () Year Round
 () Seasonal – From _____ to _____

Water Supply: () Public-Community
 () Private

Number of wells _____ Interconnected: () Yes () No

Storage Capacity _____ Gallons

Type of Well: () Drilled () Other

() Pitless Adapter () Buried Casing () Other

Sewage Disposal: () Public () On-Site

Method of Trash Disposal _____

Date: _____ Signature of Applicant _____

() Owner () Agent

DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY

PERMIT NO. _____ () PCO () PVT – Water Run _____

Date Issued _____

Expiration Date _____

Plant I. D. _____

Application Approved by _____

Date: _____

Computer # _____

MHP 1 () 2 () 3 ()
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