



DELAWARE COUNTY HEALTH DEPARTMENT
APPLICATION FOR A LICENSE TO OPERATE
A MOBILE HOME PARK

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Mobile Home Park Name:		
Physical Street Address:	City, Zip Code:	Municipality:
Office Telephone:	Office Fax:	Office E-mail:
Park Manager Name:	Park Manager Telephone:	Park Manager E-mail:
Owner (Sole Proprietor, LLC, Inc):	Owner Street Address:	Owner City, Zip:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:
Number of Spaces Approved by DCHD:	Number of Occupied Spaces:	Maximum Number of Spaces:

1. Approved electrical certificate expiration date: _____
2. Are fuel combustion units used in any mobile home vented to the outside? ☐ YES ☐ NO
3. Is liquefied petroleum gas and bottled gas properly connected by copper or other suitable metallic tubing for all mobile homes? ☐ YES ☐ NO
4. Are cylinders containing liquefied petroleum gas, bottled gas, or fuel oil located in or under any mobile home, or within five (5) feet of a door thereof? ☐ YES ☐ NO
5. Is there an electrical outlet supply of at least 110 volts supplied for each mobile home space? ☐ YES ☐ NO
6. Are fire extinguishers of a type approved by the Fire Underwriter Laboratories (A-B-C classification type), bearing the Underwriter's label, at each mobile home unit within the mobile home park? ☐ YES ☐ NO
7. Is there a Public Bathing Place/Pool on site? ☐ YES ☐ NO If yes, Pool License #: _____
8. Food Service Provided? ☐ YES ☐ NO If yes, Food Facility License #: _____
9. Sewage Disposal: ☐ On-lot Sewage System ☐ Public Sewers Municipal Authority Name _____
10. Refuse/Trash Pick-up: _____ Name of Hauler: _____
11. Do you plan to expand Mobile Home Community this year? ☐ YES ☐ NO If yes, Plan Review is required.



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I, _____, hereby certify that the facts set forth on this application are true and correct.
I understand that the submission of false or misleading information is grounds for suspension or revocation of said
License.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

**APPLICATION FOR ANNUAL LICENSE TO OPERATE
A MOBILE HOME PARK**

Before work is begun in the construction, remodeling, or alteration of a mobile home park or in the conversion of an
existing establishment or facility to a mobile home park, one (1) set of properly prepared plans and specifications shall
be submitted to be given written approval by the appropriate department.

****PLEASE NOTE:** Incomplete applications will be returned and will delay processing time/issuance of license.

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



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Checklist

1. Complete and sign the Mobile Home Park Application (type or print legibly)
2. Provide supporting documentation:
 - ☐ Copy of most recent License/Certificate issued by DCHD or local Delaware County municipality
 - ☐ Copy of the current Electrical Inspection Certificate
 - ☐ If food service is provided, copy of the most recent Food License
 - ☐ If a pool or spa is provided, copy of PA Department of Health Permit to Operate a Public Bathing Place & Public Bathing Place Certificate of Registration issued by DCHD
3. Submit application packet to DCHD:
 - Email pdf documents to: environmental@co.delaware.pa.us
4. Required fee- online credit card payments are accepted once application is received
 - Fee payment instructions will be provided via email

