

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:

- Approved electrical certificate expiration date: _____
- Are fuel combustion units used in any mobile home vented to the outside? YES NO
- Is liquefied petroleum gas and bottled gas properly connected by copper or other suitable metallic tubing for all mobile homes? YES NO
- 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
- Is there an electrical outlet supply of at least 110 volts supplied for each mobile home space? YES NO
- 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
- Is there a Public Bathing Place/Pool on site? YES NO If yes, Pool License #: _____
- Food Service Provided? YES NO If yes, Food Facility License #: _____
- Sewage Disposal: On-lot Sewage System Public Sewers Municipal Authority Name _____
- Refuse/Trash Pick-up: _____ Name of Hauler: _____
- 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.

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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

