

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

APPLICATION FOR ANNUAL CERTIFICATE OF REGISTRATION TO OPERATE A MOBILE HOME PARK

- Application is hereby made for a registration to operate. By this application it is agreed that the park will comply with the provisions of the Office of Public Health's (OPH) Rules and Regulations applicable to mobile home parks.
- Application for registration renewal shall be made at least one month before registration expiration or prior to submitting plans for a new mobile home park.
- It is further agreed that said Mobile Home Park shall be open to inspection by the OPH.
- The Registration to operate is not transferable.
- One copy of the approved electrical certificate shall be forwarded to the Department with each annual license renewal.

Please refer to our fee schedule at www.montcopa.org/healthfeeschedule

PLEASE PRINT

License # _____

Park Name:	Owner's Name:	
Park Address:	Owner's Address:	
Park or Manager's Phone #:	Owner's Phone #:	Owner's Email:
Number of Spaces Approved by Montgomery County Health Department:	Actual (Physical) Location of Park:	
Number of Spaces Occupied:	Municipality:	
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 one-hundred ten (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	
OFFICE USE ONLY		
Approved by:	New License Expiration Date:	

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 registration.

Signature and Title of Owner or Authorized Agent

Date of Signature



**APPLICATION FOR ANNUAL CERTIFICATE OF REGISTRATION
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. Within forty-five (45) days after submission of complete plans, the appropriate department will either approve or disapprove the plans.

All checks and money orders are to be made payable to the **“TREASURER OF MONTGOMERY COUNTY.”** DO NOT SEND CASH.

Please refer to our fee schedule at www.montcopa.org/healthfeeschedule

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