

TOWN OF YORKVILLE

LICENSE APPLICATION TO OPERATE A MOBILE HOME PARK

The undersigned hereby applies for a license to operate a mobile home park in the Town of Yorkville, pursuant to the Town of Yorkville Code of Ordinances. The undersigned submits the following in support of their application:

APPLICANT (OWNER/OPERATOR):

NAME _____

ADDRESS _____

AGE _____ PHONE _____ FAX _____

E-MAIL _____

DO YOU OWN _____ OR RENT _____ THE PROPERTY?

PROVIDE THE NAME AND ADDRESS OF THE OWNER **IF** YOU RENT THE PROPERTY

SITE INFORMATION:

NAME OF MOBILE HOME PARK _____

ADDRESS OF MOBILE HOME PARK _____

PARCEL NUMBER(S) OF MOBILE HOME PARK _____

TOTAL NUMBER OF SPACES IN MOBILE HOME PARK _____

SIZE OF PARK (IN ACRES) _____

- For any application for a **PROPOSED** mobile home park, please include a complete plan of the park, which shall include plans and specifications that comply with all Town ordinances and provisions of the Wisconsin Department of Health Services and shall show the actual or proposed locations of the following: all mobile homes and all other or similar structures; streets; toilets, showers or baths and all other sanitary facilities; fire prevention apparatus; lighting facilities; drainage facilities; and such other information as the Town Board may require to be shown on such plans and specifications. See Chapter 14, Article VI, Division 3, for more information on Town standards and regulations for mobile home parks. This plan shall also include complete exterior dimensions of the proposed mobile home park.
- Enclose the mobile home park application fee of **\$2.00 for each mobile home space**, whether used or unused, made payable to the Town of Yorkville.

The undersigned affirms that they are authorized to submit this application for a mobile home park license. The undersigned authorizes the Town Board and its agents to enter the proposed mobile home park for inspection of the premises during the periods of license application and operation of the mobile home park.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY TOWN

Application Received: _____ Fee Received: \$ _____ Town Board Action: Approve / Deny

Town Board Action Date: _____ License #: _____ Expiration Date: _____

Notes Regarding Inspection of Proposed Site by Health Officer: _____

Conditions Imposed by Town Board: _____
