## FIRST DISTRICT HEALTH UNIT

801 11<sup>TH</sup> AVE SW – PO BOX 1268 MINOT, ND 58702-1268 PHONE (701) 852-1376 FAX (701) 852-5043

## MOBILE HOME PARK, TRAILER PARK AND CAMPGROUND LICENSE APPLICATION

NAME OF FACILITY		NAME OF OWNER				
FACILITY ADDRESS			CITY		ZIP CODE	
MAILING ADDRESS			CITY		STATE	ZIP CODE
FACILITY PHONE NUMBER			OWNER PHONE NUMBER			
THIS FACILITY WILL BE FOR (CIRCLE ALL THAT APPLY):						
MOBILE HOMES RVs/TRAVEL TRAILE			RS TENT CAMPING			
FOR CHANGE OF OWNERSHIP, PROVIDE NAME AND CONTACT INFORMATION OF PREVIOUS OWNER						
WATER SOURCE: SEWE			ER SYSTEM:			
MUNICIPAL PRIVATE RURAL NONE NONE MUNICIPAL PRIVATE						
RV DUMP: HOOKUPS AVAILABLE AT EACH SIT		SITE:	PLAYGROUND:	NUMBER OF LOTS:		
YES NO	WATER SEWER ELECTRIC N	NONE	YES NO			
SEMI-PRIMITIVE CAMPGROUND:\$70						
DEVELOPED CAMPGROUNDS:						
FROM 3 TO 10 LOTS:\$120						
FROM 11 TO 25 LOTS:\$175						
FROM 26 TO 50 LOTS:\$200						
MORE THAN 51 LOTS:\$255						
NOTE: IF YOUR FACILITY IS FOR MORE THAN ONE TYPE OF OCCUPANCY (EX. MOBILE HOME AND TRAVEL TRAILER), YOU WILL NEED A SEPARATE LICENSE FOR EACH TYPE OF OCCUPANCY.  YOU MUST INCLUDE AN APPLICATION PACKET AS PER SECTION 2 OF THE "RULES AND REQUIREMENTS FOR FACILITIES".  *FOR NEW CONSTRUCTION, YOU MUST INCLUDE A COPY OF THE PLUMBING CERTIFICATE AND OF THE ELECTRICAL CERTIFICATE. FAILURE TO INCLUDE THESE DOCUMENTS WILL RESULT IN THE RETURN OF YOUR APPLICATION.  IF ANY CHANGES ARE MADE TO ANY OF THE ABOVE ITEMS, NOTIFY THIS OFFICE IMMEDIATELY.						
SEND APPLICATION, ASSOCIATED DOCUMENTS  I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN FIRST DISTRICT						
AND LICENSE FEE TO:  AN CA RE			EALTH UNIT'S "RULES AND REQUIREMENTS FOR FACILITIES" ND THAT THE ABOVE LISTED MOBILE HOME PARK/TRAILER PARK/ AMPGROUND SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL EGULATIONS CONTAINED THEREIN:			
FIRST DISTRICT HEALTH UNIT P.O. BOX 1268: MINOT ND 58702-1268						
		SIG	GNATURE OF OWNER		DATE	
YEAR.		EH	IP APPROVAL:			