



**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.



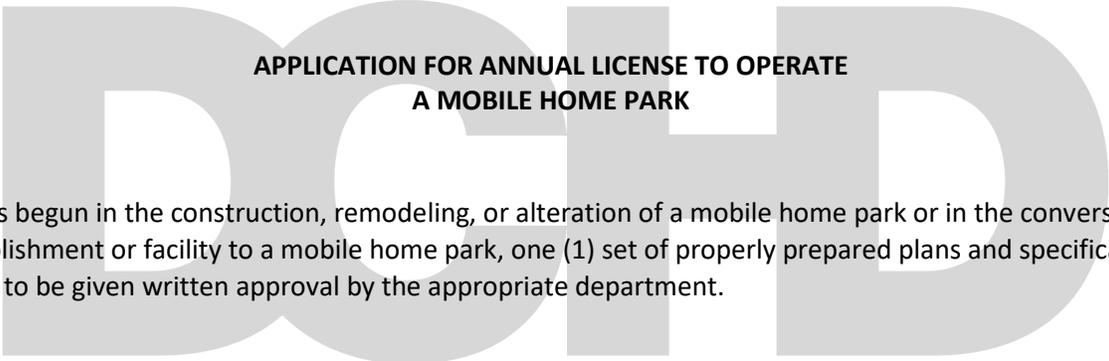
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A MOBILE HOME PARK**

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. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html)
(<https://www.delcopa.gov/health/environmentalhealth.html>)

Please use the Mobile Home Park License Application

2. Complete the application (please type or print legibly to prevent delays)

3. 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 issued by DCHD or local Delaware County municipality
- If a pool is present, copy of PA Department of Health Permit to Operate a Public Bathing Place & Public Bathing Place Certificate of Registration issued by DCHD or local Delaware County municipality

4. Required fee- check, money order, or credit card payments are accepted

Mobile Home Park Base Fee is \$190

Mobile Home Park Per Lot Fee is \$9

5. Submit application packet and fee to DCHD:

- Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
- Mail:
Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
(484)276-2100