

Application for Expired Permit of Mobile Home Park

PLEASE PRINT CLEARLY

Project Name: _____
Contact Person: _____ **Title** _____
E-mail address of contact person _____
Company Name: _____
Phone number: _____ **Ext:** _____ **Fax Number:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

FEES FOR MOBILE HOME PARKS	
\$600 ---	--- 100 spaces or less
\$1200 ---	--- 101 to 200 spaces
\$1800 ---	--- 201 to 300 spaces
\$2400 ---	--- 301 to 400 spaces
(every 100 spaces add \$600.)	

MCESD # _____

NAME OF PARK _____

PARK ADDRESS _____

Owner/Manager's Name _____

Mailing Address _____

E-Mail Address _____

Owner/Manager's Signature _____ **Date** _____

Total Spaces _____ **Size in Acres** _____

Section _____ **Township** _____ **Range** _____

Fee \$ _____ **Check #** _____ **Date** _____

Name of Water Supply _____ **PWS #04-07-** _____ **MCESD#** _____

Name of Sewer Utility _____ **MCESD#** _____

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email **address**:

_____ or by facsimile transmission to the following fax number:

_____ (Permit Owner/Holder initials)

****It is the responsibility of the permit holder to update the Department if there is a change in contact information. ****

***** The Department reserves the right to request any other information *****

