



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 ***

