

**APPLICATION FOR A PERMIT TO**

**CONSTRUCT OR**  **ALTER A**  **MOBILE HOME PARK and/or**  **RECREATIONAL VEHICLE PARK**

Construction Plans (in triplicate) along with the required **FEE OF \$ \_\_\_\_\_** **MUST ACCOMPANY THIS APPLICATION**

Check  Cash  Money Order Date Pd. \_\_\_\_\_

Action:  New  Change Program: 625 County: \_\_\_\_\_ San Code: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Insp Interval: \_\_\_\_\_ Type Est.: \_\_\_\_\_ Service Type : 6 Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*(No. and Name of Street or R.F.D. No.)*

Name of Mobile Home or Recreational Vehicle Park \_\_\_\_\_

Located at \_\_\_\_\_ Street R.D.F. No. \_\_\_\_\_ Highway Route No. \_\_\_\_\_

In the City of \_\_\_\_\_ County of \_\_\_\_\_

**Proposed Facilities**

**Information Regarding Facilities**

**Existing Facilities**

_____	No. of Mobile Home Lots	_____
_____	Width & Length of Smallest Mobile Home Lot	_____
_____	No. of Dependent Recreational Vehicle Spaces	_____
_____	No. of Spaces Designed for Self-Contained Recreational Vehicles	_____
_____	Width & Length of Smallest Recreational Vehicle Space	_____
_____	No. and Size of Lights in Park	_____
_____	No. of Sanitary Stations	_____
_____	No. of Water Stations	_____

**Men**

**Women**

**Service Building**

**Men**

**Women**

_____	No. of Lavatories	_____	_____
_____	No. of Water Closets	_____	_____
_____	No. of Urinals	_____	_____
_____	No. of Showers	_____	_____

**Describe System if Other than Public**

**Miscellaneous**

_____	Source of water supply	<input type="checkbox"/> Municipal or <input type="checkbox"/> Private	_____
_____	Method of sewage disposal	<input type="checkbox"/> Municipal or <input type="checkbox"/> Private	_____
_____	Method of garbage disposal	<input type="checkbox"/> Municipal or <input type="checkbox"/> Private	_____

Name of Electrical Service Company \_\_\_\_\_

I, the applicant, agree: (1) that the construction will be done in accordance with the approved construction plans requirements of the Kentucky Mobile Home and Recreational Vehicle Park Law KRS 219.310 to 219.410 and 219.991(2) and the Rules and Regulations promulgated pursuant thereto; (2) that the construction or alteration in this application is in accordance with local ordinances, codes, and other regulatory measures; (3) that the facilities listed in this proposed construction application will not be used until such time construction has been completed and approved and an operating permit issued pursuant thereto.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ . Name of Applicant \_\_\_\_\_

If the application is executed by a corporation or partnership, the signature and title of the officer should be inserted on the line provided.

Name and Title \_\_\_\_\_

STATE OF \_\_\_\_\_ (

COUNTY OF \_\_\_\_\_ (Sct

Before me, a Notary Public for the state and county aforesaid, personally appeared \_\_\_\_\_ on the day and year hereinafter stated and subscribed his signature to the foregoing Application for permit and swore that the statements therein are true.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

My Commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED  
BY THE LOCAL HEALTH DEPARTMENT**

**FOR HEALTH AUTHORITY USE ONLY**

County \_\_\_\_\_

Permit No. \_\_\_\_\_

Approved and Forwarded By: \_\_\_\_\_

Issued (Date) \_\_\_\_\_

Title \_\_\_\_\_

Plans Approved \_\_\_\_\_

Date \_\_\_\_\_