

APPLICATION FOR A PERMIT TO CONSTRUCT or ALTER A MOBILE HOME PARK 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.: _____ Type _____ Service _____
Est.: _____ Type: 6 Date: _____

Name of the Applicant _____ Mailing Address _____

City _____ State _____ Zip Code _____
(No. and Name of street)

Name of Mobile Home or Recreational Vehicle Park _____

Street Address _____

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 _____
Approved and Forwarded By: _____
Title _____
Date _____



Permit No. _____
Issued (date) _____
Plans Approved _____