



APPLICATION FOR TRAILER PARK PERMIT

DHD NO: _____

Name of Trailer Park: _____

Facility Telephone #: _____ Number of Lots: _____

Facility Address: _____
Street No. and Name Suite # City Zip Code

Type of Water System: Public
 Private

Type of Sewage System: Municipal
 On-Site (Septic)

Billing Contact Name : _____ **Billing Phone #:** _____

Billing Company Name: _____

Billing Address: _____
Street No. and Name Suite # City Zip Code

Owner's Name: _____ Owner's Phone #: _____

Owner's Address: _____
Street No. and Name Suite # City Zip Code

Authorized Agent:* _____ Title: _____

**The individual to whom the Business owner has delegated authority for the overall management of the Trailer Park and/or for legally binding commitments regarding the Trailer Park.*

Business Owner's Name to Appear on Permit :

(The business owner's name or corporation name as it appears on the business license)

The undersigned hereby applies for a permit to operate a Trailer Park pursuant to the current Trailer Park Regulations of Cobb & Douglas Public Health. A copy of the regulation may be obtained by contacting our office or by accessing our website: www.cobbanddouglaspublichealth.org

Signature

Date

Mark one: Business Owner Authorized Agent

Please indicate the address to which all non-billing correspondence should be mailed

- Facility Address
- Billing Address
- Owner Address