



# Brunswick County Health Services

25 Courthouse Drive N.E.; Post Office Box 9  
Bolivia, North Carolina 28422-0009  
910-253-2250 1-888-428-4429



*David M. Stanley III, Executive Director  
Health and Human Services Agency*

*Cris Harrelson, Director  
Department of Health Services*

## MOBILE HOME PARK APPLICATION

**Tax Parcel Id:** \_\_\_\_\_ **Building Permit Number:** \_\_\_\_\_

**Mobile Home Park Name:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

**Mobile Home Park Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Number of Bedrooms:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Applicant Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Completed by BCHS

**BCHS File Number:** \_\_\_\_\_ **MHP Operation Permit Number:** \_\_\_\_\_

**Fee Collected:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_

**Expiration Date (60 Days from Date of Issue):** \_\_\_\_\_

**Reviewed by (Env. Health Technician):** \_\_\_\_\_

### BCHS authorization for manufactured home connection

**REHS Signature:** \_\_\_\_\_ **REHS Date:** \_\_\_\_\_