



NKYHEALTH

NORTHERN KENTUCKY HEALTH DEPARTMENT



APPLICATION FOR A PERMIT TO OPERATE A MOBILE HOME AND/OR RECREATIONAL VEHICLE PARK

No person shall operate a Mobile Home/Recreational Vehicle Park without having a permit issued by the Cabinet for Health Services

Facility Name: _____

Facility Address: _____

_____ Street Phone Number: _____
City State Zip Code

Owner's Name: _____

Owner's Address: _____

_____ Street Phone Number: _____
City State Zip Code

Previous Name of Facility (if applicable): _____

Number of spaces in facility: _____

Permit Fee: \$ 450.00 Cash Check Money Order

Applicant's Signature: _____ Date: _____

Please return completed application with required fee to:

Northern Kentucky Health Department
 Environmental Health and Safety
 8001 Veterans Memorial Drive
 Florence, KY 41042

Make check payable to Northern Kentucky Health Department

FOR OFFICIAL USE ONLY

Action	
New	N
Change	C
Delete	D
Reactivate	R

Facility #					

Status	
Active	A
Inactive	I
Hold	H
No. app	N
Suspended	S

County		

Program		

Sanitarian				

Insp. Intvl.		

Est. Type		

Service Type	
Recreational vehicle or mobile home park	11-1

Water Sup.	
Public	1
Private	2
Other	3

Sewage	
Public	1
Private	2
Other	3

Quantity 1	Unit Measure
	Mob Home Spaces

Quantity 2	Unit Measure
	RV Spaces

Latitude: _____

Longitude: _____

New/Additional Plumbing Approval By: _____ Date: _____ Permit # _____