ID#	
Log#	
City	
cc'd Region	

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, IL 62761 217-782-5830

An application for a permit to alter a licensed mobile home park shall be submitted to the Department for any changes to the water, sewage, fuel, or electrical systems other than normal maintenance, the relocation of sites or the expansion of the number of sites in the park. This application for a permit to alter an existing manufactured home community can be submitted along with three copies of the plans to the above address. Attach properly identified supplementary sheets for information that cannot be placed in the blank spaces provided on these forms.

Alternations to an existing manufactured home site or community must be performed in accordance with the Mobile Home Park Act. A permit to alter a manufactured home community must be obtained from this Department for all changes made that are not normal maintenance. Normal maintenance is defined as servicing or repairing existing devices, equipment, facility infrastructure, supporting utilities or replacement of those in identical fashion with the same size, make and model as the existing items and in accordance with applicable codes.

Permit fee to alter an existing manufactured home community - \$150 Permit to alter an existing manufactured home community by reduction of sites - NO FEE

ALL FEES ARE TO BE MADE PAYABLE TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH IN THE FORM OF A MONEY ORDER OR CHECK.

PART I - GI	ENERAL			
A.	Name of Community			
В.	Name of Applicant			
C.	E-mail Address of Applicant			
D.	Name of Partnership or Corporation (if applicable)			
	Names of Partners or Officers Addresses of Pa		artners or Offices	
E.	Address of Applicant			
	(Street)	(City)	(ZIP Code)	
	Telephone Number: ( )	Fax Number ( )	,	
F.	Address of Manufactured Home Communit	\		
G.	Location of Manufactured Home Community			
		(County)	(City)	
	(Township) (ZI	IP Code)	(Telephone)	

H.	Number of Manufactured Home Sites		
I.	Manager		
	1. Name		
	2. Address		
	(Street) (City) (ZIP Code)		
	Telephone ()         Fax Number ()		
	3. Location of manufactured home community ( ) inside municipality ( ) outside municipal limits		
PART II PR	OPOSED WORK		
J.	Description of Proposed work:		
	<del></del>		
K.	Please list the make, model and size of the new devices, equipment, building infrastructure and supporting utilities:		
L.	Does the proposed alteration require an Illinois licensed Plumber? YES NO Note: Any water or sewer connections to a manufactured home would require an Illinois licensed plumber.		
M.	Please attach to this application three sets of plans to scale which describe the alterations. The plans should include the make, model and size of the proposed alterations, equipment, building infrastructure and supporting utilities.		