

Permit #: \_\_\_\_\_

Fee: \$ 100.00

***COMMONWEALTH OF MASSACHUSETTS***

**TOWN OF NORTON**

**BOARD OF HEALTH**

**Application to operate a Mobile Home Park**

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE: # \_\_\_\_\_

**DAY**

OWNER'S PHONE: # \_\_\_\_\_

**NIGHT**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

TOTAL NUMBER OF MOBILE HOMES LOCATED WITHIN THE PARK: \_\_\_\_\_

METHOD OF SEWAGE DISPOSAL:      PRIVATE                  PUBLIC

WATER SUPPLY ORIGIN:                  PRIVATE                  PUBLIC

FID # OR SOCIAL SECURITY #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE & TITLE

\_\_\_\_\_  
DATE