

Application for Mobile Home Park License
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30255, Lansing, MI 48909
Phone 517-241-9316 / Fax 517-241-0130
E-Mail: lara-bcc-licensing@michigan.gov
www.michigan.gov/bcc

FOR OFFICE USE ONLY
LICENSE NUMBER
DATE ISSUED
FEE

Authority: 1987 PA.96 Penalty: Failure to provide the information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Mobile Home Park

License Type	Fee	Required Documents	License Number	Number of Sites
<input type="checkbox"/> New	\$225.00 for 25 sites or less, plus \$3.00 for each site in excess of 25	<ul style="list-style-type: none"> • Certifications or approvals: <ul style="list-style-type: none"> • LHD or EGLE - On-site water supply and wastewater systems are in compliance. If municipal connections, letter from governing municipality stating connected to their system(s). • Mobile Home Park Construction Affidavit • Certification of park sewer system by site number • Certification of park-owned electrical system by site number • Site map of Mobile Home Park 		
<input type="checkbox"/> Change of Owner	\$225.00 for 25 sites or less, plus \$3.00 for each site in excess of 25	<ul style="list-style-type: none"> • Certifications or approvals: <ul style="list-style-type: none"> • LHD or EGLE - On-site water supply and wastewater systems are in compliance. If municipal connections, letter from governing municipality stating connected to their system(s). • Site map of Mobile Home Park 		
<input type="checkbox"/> Additional Sites to an Existing Park	\$3.00 for each site (include only if combined number of existing and additional sites exceeds 25)	<ul style="list-style-type: none"> • Certification of park sewer system by site number • Certification of park-owned electrical system by site number • Site map of Mobile Home Park • Mobile Home Park Construction Affidavit 		
<input type="checkbox"/> Deletion of Sites to an Existing Park	No Fee	<ul style="list-style-type: none"> • Site map of Mobile Home Park 		

Seasonal Park

License Type	Fee	Required Documents	License Number	Number of Sites
<input type="checkbox"/> New	\$120.00 for 25 sites or less, plus \$1.50 for each site in excess of 25	<ul style="list-style-type: none"> • Certifications or approvals: <ul style="list-style-type: none"> • LHD or EGLE - On-site water supply and wastewater systems are in compliance. If municipal connections, letter from governing municipality stating connected to their system(s). • Mobile Home Park Construction Affidavit • Certification of park sewer system by site number • Certification of park-owned electrical system by site number • Site map of Mobile Home Park 		
<input type="checkbox"/> Change of Owner	\$120.00 for 25 sites or less, plus \$1.50 for each site in excess of 25	<ul style="list-style-type: none"> • Certifications or approvals: <ul style="list-style-type: none"> • LHD or EGLE - On-site water supply and wastewater systems are in compliance. If municipal connections, letter from governing municipality stating connected to their system(s). • Site map of Mobile Home Park 		
<input type="checkbox"/> Additional Sites to an Existing Park	\$1.50 for each site (include only if combined number of existing and additional sites exceeds 25)	<ul style="list-style-type: none"> • Certification of park sewer system by site number • Certification of park-owned electrical system by site number • Site map of Mobile Home Park • Mobile Home Park Construction Affidavit 		
<input type="checkbox"/> Deletion of Sites to an Existing Park	No Fee	<ul style="list-style-type: none"> • Site map of Mobile Home Park 		

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Mobile Home Park Information

PARK ENTITY	ASSUMED NAME (if any)		
STREET ADDRESS	CITY	STATE MI	ZIP CODE
PARCEL NO.	COUNTY		
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS		

Operator Information

NAME OF OPERATOR		TELEPHONE NUMBER (Include Area Code)	
MAILING ADDRESS	CITY	STATE / PROVINCE	ZIP CODE / POSTAL CODE
E-MAIL ADDRESS	SOCIAL SECURITY NUMBER OR FEIN	PREFERRED METHOD OF CONTACT/CORRESPONDENCE (Check One) <input type="checkbox"/> E-Mail <input type="checkbox"/> Regular Mail	

Owner Information

CHECK ONE If this application is being filed as a Corporation, Limited Liability Company, Limited Partnership or Limited Liability Partnership furnish the number assigned to you by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Commercial Services, Corporation Division.		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Partnership Number	<input type="checkbox"/> Corporation Number
<input type="checkbox"/> Partnership	_____	_____
<input type="checkbox"/> Other Type	<input type="checkbox"/> Limited Liability Partnership Number	<input type="checkbox"/> Limited Liability Company Number
_____	_____	_____

Certification and Signature of Owner

I hereby certify I am authorized to make this application and I agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge. Any misleading, incomplete, or false statement shall be grounds for denial of this application or revocation if information provided fraudulently lead to an issuance of a license.

I understand and agree, pursuant to the provisions contained within the Michigan Mobile Home Commission Act (PA 96 of 1987) any legal process related to this mobile home park may be served upon the Mobile Home Code Commission and shall have the same effect as if personally served on me and all other general partner(s) or corporate officer(s) of this business, if applicable. Finally, I authorize the operator of this mobile home community to serve as the agent for the purpose of receiving any legal document related to this mobile home community.

_____	_____
(Print Name)	(Title)
_____	_____
(Signature)	(Date)

Certification and Signature of Operator

I hereby certify I will be the operator for the mobile home community, the subject of this application and subsequent license, if issued. I further understand I will be responsible for administering the provisions contained within the Michigan Mobile Home Commission Act (PA 96 of 1987) as it relates to operator duties, responsibilities, or requirements. Furthermore, I understand I am assuming legal liability pursuant of PA 96 of 1987 related to the Act's requirements. Lastly, I hereby accept authority to serve as the owner's agent for the purposes of service of purpose.

_____	_____
(Print Name)	(Title)
_____	_____
(Signature)	(Date)