Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
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Application for Permit to Operate a Mobile Home Park

Name of Mobile Home Park____

Exact Location of Park ____

Owner or Agent ____

Mailing Address ____

____

Permit Mailing Address ____

____

Phone Numbers: Mobile Home Park_______________ Owner____________________

E-Mail Address____

____

Number of Mobile Home Spaces ________

____
Signature of Applicant (___Owner ___ Agent)

____
Date of Application

Returned check fee $25

OFFICE USE ONLY

Receipt No.______________ Permit No.______________ Date Issued_______________

Rev Oct 2022

ENVIRONMENTAL HEALTH

240-313-3400 Voice • 800-552-7724 TDD • 240-313-3424 Fax
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STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section I-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State workers' compensation laws indicating the employer's workers' compensation insurance policy or binder number.

Circle the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application.

1. I have workers' compensation insurance.

   Insurance Company ____________________

   Policy or Binder number ____________________

2. A waiver has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE WAIVER.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having workers' compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

____________________ Date	____________________ Signature
____________________ Company Name	____________________ Title
____________________ Address	____________________ Type of License
__________ City ____ St ____ Zip	