



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
facebook.com/WashHealth

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 • Call 711 for MD Relay TTY • 240-313-3424 Fax
wchd.eh@maryland.gov



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org

facebook.com/WashHealth

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

ENVIRONMENTAL HEALTH

240-313-3400 Voice • Call 711 for MD Relay TTY • 240-313-3424 Fax