JEN METZGER
County Executive

CAROL M. SMITH, MD, MPH

Commissioner of Health

** PLEASE READ CAREFULLY AND ENTIRELY TO ENSURE TIMELY AND PROPER PROCESSING OF YOUR PERMIT APPLICATION**

Dear Mobile Home Park Owner/Operator:

Enclosed is an Application for a Permit to Operate a Mobile Home Park in Ulster County, New York for the period beginning **December 1** and ending **November 30** of the following year and a copy of Part 17 of the New York State Sanitary Code governing Mobile Home Parks.

Please be advised that operating without a valid permit is a violation of the New York State Sanitary Code and may subject you to an administrative enforcement action.

The following MUST be completed in its entirety and returned in order for your application to be processed. The application CANNOT be processed if ANY of the required information below is missing or incomplete and will be returned and subject to a \$75.00 late fee, if applicable. If you have any questions regarding the enclosed application, please call the Environmental Health Division at (845) 340-3010.

lth Division at (845) 340-3010.	
	Please complete Sections A, B, F, G & H on the application
	Sign and print your name on page four
	Attach required forms
	Enclose copies of *Workers' Compensation and Disability forms or signed CE-200 Exemption form
	*New York State Law requires every facility to have workers' compensation and disability insurance or to have a CE-200 Exemption form from the New York State Workers' Compensation Board. See page four of the application and the WC-DB information sheet for instructions regarding the forms that MUST be submitted.
	Enclose appropriate payment of fee(s) by check or money order payable to: <u>Ulster County Commissioner of Finance</u>
	ALL PERMIT APPLICATION FEES ARE NON-REFUNDABLE
	Mobile Home Parks Fee Schedule
	5 - 10 Sites
	Return all of the above to:

Ulster County Department of Health Environmental Health Services Division 239 Golden Hill Lane Kingston, New York 12401