



OFFICE OF THE BOARD OF HEALTH
TOWN OF BROOKFIELD

6 Central Street • Brookfield, Massachusetts 01506
TELEPHONE: (508) 867-2930 ext. 22 • FAX: (508) 867-15091



PERMIT APPLICATION TO OPERATE A MOBILE HOME PARK
AND ANNUAL MOBILE HOME PARK INSPECTION

Fee: \$50.00

Permit #: _____

Annual inspection to be scheduled prior to permit issuance

- Please make check payable to: Town of Brookfield
Return application, fee, and all supporting documentation to: Brookfield Town Hall, 6 Central Street, Brookfield, MA 01506 – Attention: Board of Health
Attach a copy of the community rules for the Mobile Home Park and letters to the community’s attorney and the Brookfield Board of Health stating that neither the Attorney General’s Office or the Department of Housing and Community Development have objections to these rules.

COMMUNITY LOCATION

Form with fields: Name, Address, Telephone, Email, Emergency Contact Person and Telephone

OWNER INFORMATION

Form with fields: Owning entity is a(n), Name of owning entity, Responsible person, Address, Telephone, Email, Title, Emergency Contact Person and Telephone

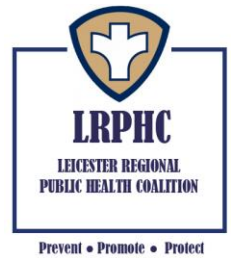
SITE INFORMATION

Form with fields: Total Number of Lots on-site, Total Number of Occupied Lots, Total Number of Vacant Lots, Total Number of Lots owned by the mobile home park owner, Total Number of Lots that are owner/occupied*, Total Number of Lots that are rented by the mobile home park owner*, Total Number of Lots that are rented out by the lot owners



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MAINTENANCE / WATER SOURCE / SEWERAGE DISPOSAL / SOLID WSTE DISPOSAL / SECURITY / FACILITIES

Potable water source:	<input type="checkbox"/> Municipal	<input type="checkbox"/> On-site well (requires DEP approval)	<input type="checkbox"/> Other
Sewerage disposal:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Approved on-site disposal system*	<input type="checkbox"/> Other
*Licensed Septage Hauler's name and address:			
Frequency of pumping: <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other			
<i>(Please attach copies of all pumping reports for the previous year, a copy of your contract with the hauler, and a copy of the most current inspection report). Inspection must be conducted at the owner's expense every other year.</i>			
Who maintains the grounds (i.e. snow removal, paved areas, walkways, landscape management, etc.)? <i>(Please provide name, address, tel number and email address)</i>			
Who is the individual the Board of Health can contact asap?			
Rodent / Insect control company name and address: <i>(Please attached a copy of your contract with the pest control company)</i>			
Who is the individual the Board of Health can contact asap?			
Solid waste disposal company name and address: <i>(Please attach a copy of your contract with the waste disposal company)</i>			
Security company (if any): <i>(Please provide name and address)</i>			
Facilities Director (if any) (i.e. maintenance): <i>(Please provide name, address, tel number, emergency number and after-hours contact information)</i>			

APPLICANT

Date of Application:	
Signature of Applicant:	
Print Name:	
Social Security Number (SSN) or Federal ID Number:	

**Please complete the Questionnaire on the following pages
and supply any supporting documentation.**



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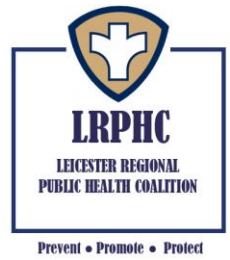
QUESTIONNAIRE

	Question	Answer
1.	Name of Town or City:	
2.	Name, Title, address, phone number and email address of the individual completing this questionnaire:	
3.	Name of community:	
4.	Address of community:	
5.	Community owner's name:	
6.	Address of community owner:	
7.	Name of community manager, if any:	
8.	Address of community manager:	
9.	Telephone number of community:	
10.	Email address of community:	
11.	Total number of community residents:	
12.	Total acreage of community (approximately):	
13.	Are you aware of any alleged violations of the MA Sanitary Code, the Manufacturing Housing Community Statute, G.L.C. 140 s32A et seq., or state environmental laws that exist or have existed in this community over the past five (5) years?	



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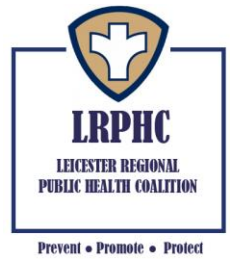


	Question	Answer
14.	If your response to number 17 was yes, please describe (attach supporting documents where appropriate) the nature of these alleged violations and indicate how they were brought to your attention.	
15.	Does the community have a septic tank, or system, or is the park connected to the town's sewer system?	
16.	Does the community have its own water system or is it connected to the town's water system?	
17.	Has the community electrical system been inspected for compliance with the state standards? If so, has any determination been made concerning compliance (attach supporting documents where appropriate).	
18.	Has the community's license ever been suspended or revoked in the past five (5) years?	
19.	If the answer to the above question was yes, please explain why.	
20.	Are there any mobile home rent control law in effect in your City or Town?	
21.	Are there any petition for such a rent control law currently pending?	
22.	Is the community considered to be a retirement (age 55 and over) community?	
23.	Is there currently a two (2) year Notice of Discontinuance pending for this community?	
24.	If the answer to the above question was yes, when does it expire?	
25.	Is the community current in its payment of any monthly fees due to the Town pursuant to MA General Laws Chapter 140 s32?	



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	Question	Answer
26.	Has the community filed for bankruptcy in the past five (5) years?	
27.	If the answer to the above question was yes, what is the currently status of those proceedings?	
28.	Who should complaints be referred to? Please provide name, address, telephone number, and email address.	
29.	Is there any other information about this community that you consider to be pertinent?	