



**Town of Stoughton
BOARD OF HEALTH
MOBILE HOME PARK PERMIT**

\$75.00

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Name _____
(Full name of person, firm or corporation making application)

(Give location by street and number)

Water source: _____ Sewage Disposal* _____

*Provide name and address of company that pumps if not Town connection: _____

*Be sure pumping records are kept and copies sent monthly to the Board of Health, 10 Pearl Street, Stoughton, MA 02072

Signature of Applicant

Mailing Address

Email Address

Business Telephone

I certify under the penalties of perjury to the best of my best knowledge and belief, have filed all state tax returns and have paid all state taxes required under the law.

*Signature of Individual
Or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory if applicable)

FOR OFFICE USE ONLY

PAYMENT RECEIVED: _____

INSPECTION DATE: _____

PERMIT ISSUE DATE: _____