



Board of Health
39 South Street
Hinsdale, MA 01235
Public.health@hinsdalema.gov
413-655-2311

Town of Hinsdale

*Application to Operate a Manufactured Housing Community
in accordance with M.G.L. Part I, Chapter 140, Sections 32a-32s, and 940 CMR 10.00 Manufactured Housing*

Manufactured Housing Community Permit Application

Annual Permit Fee \$50.00
Payable to the Town of Hinsdale

Company Name: _____

Owner Name: _____

Manager Name: _____

Mailing Address: _____ Facility Address _____

Business Phone: _____ Cell Phone: _____

Email address: _____

If business is a corporation or partnership, list title and home address of officers and partners.

State of Incorporation: _____ Emergency Response Contact: _____

Name of Local Agent: _____ Emergency Response Phone: _____

Local Agent Address: _____ Number of Sites: _____

Water Source (circle):

On Site Public

Town of Hinsdale Public

For On-Site Public Water Systems Please provide the Public Water Supply Operator Contact Information

Name: _____ Business Phone: _____

Business Name: _____ Cell Phone: _____

Business Address: _____ Email address: _____

Sewage Disposal(circle):

Public

Private

Waste Water Treatment Plant Operator Contact Information

Name: _____ Business Phone: _____

Business Name: _____ Cell Phone: _____

Business Address: _____ Email address: _____

Pursuant to MGL ch. 62C, sec. 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all taxes required under law.

Signature of Individual, or Corporate Name: _____

Signature of Corporate Officer: _____

Date: _____

Payment is due with application. A \$25.00 late fee will be assessed if application is not received by 10/31

A copy of the current Manufactured Housing Facilities "Rules and Regulations" for this facility must be included with the application.

Please mail application and fees to: Hinsdale Board of Health
Hinsdale Town Hall
39 South Street
Hinsdale, MA 01235