

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

**APPLICATION FOR PERMIT
To Operate A Manufactured Housing
Community**

Establishment name and phone #:

Address:

Name and phone number of person in charge:

Name, address and phone number of the owner:

Number of housing units: _____

Number of years in business: _____

- Please attach a copy of the rules and regulations for the manufactured housing community.
- Please attach a list of names and addresses of the owners of each unit.
- Please attach a certificate from the owner or operator of the community certifying, under the penalties of perjury, that the owner or operator has complied with paragraph (5) of Chapter 140 section thirty-two L of the General Laws of Massachusetts.
- Please attach a check or money order payable to The Town of Winchendon for \$50.00.
- A monthly rental fee of \$10.00 per unit shall be sent to the Board of Health office each month.

Signature of applicant: _____

Date: _____