



State of Florida
 Department of Health
 MHP Facility Application

 Identification #

Name of Facility: _____ Location: _____

Owner's Name: _____ Owner's Address: _____

Owner's Contact () _____ Business Contact () _____

Email _____

Mobile Home Park Details

Portable Water Supply (Water System)

- Community/Public (off site) - **Public**
- Other Public Drinking Water System - **Private**

Sewage Disposal

- Municipal
- Septic tanks (individual system)

of Migrant Spaces

of MH spaces

of RV Spaces

of Tent Spaces

of Barracks

Beds in Barracks

of Cabins

Beds in Cabins

of Other Housing

Beds in Other Housing Total Beds

Total Beds

Total Spaces

Toilets Male

Toilets Female

Toilets Unisex

Total Toilets

Lavatories Male

Lavatories Female

Lavatories Unisex

Lavatories Total

Showers Male

Showers Female

Showers Unisex

Showers Total

Urinals Male

Urinals Female

Urinals Unisex

Urinals Total

Pools Yes or No # Of Pools _____

Payment received

Date: _____

CC/Check/Cash _____

Rec. no. _____