

STATE OF MAINE
MANUFACTURED HOUSING BOARD
APPLICATION FOR LICENSING A
MOBILE HOME PARK



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8612
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION GUIDELINE FOR LICENSING A MOBILE HOME PARK

Enclosed are all relevant materials for licensing a Mobile Home Park in the State of Maine. Please read all the information carefully. If you have any questions, you may contact the Manufactured Housing Board office at (207) 624-8612 or by e-mail at: michelle.m.lovering@state.me.us.

FURNISHED TO APPLICANT ↗

1. Application Guide for Licensing a Mobile Home Park
2. Mobile Home Park Application for license
3. Application of Intent
4. Application to Reduce the Number of Licensed Sites in a Mobile Home Park
5. Authorization of Credit Card Payment Form
6. Criminal History Records Check (SBI) Memo
7. Criminal History Records Check (SBI) Form
8. List of Contact People for New Parks and Park Expansions
9. Rules Relating to Mobile Home Parks
10. State of Maine Installation Standards (effective 3/1/93)
11. Title 10, Chapter 951, Manufactured Housing Act
12. Title 10, Chapter 953, Regulation of Mobile Home Parks; Landlord and Tenant

APPLICATION DEADLINE ↗

All applications must be received by the Manufactured Housing Board office **twenty (20) days** prior to the scheduled Board meeting date.

NOTE ↗

In conjunction with this guideline, please refer to the Rules Relating to Mobile Home Parks for further clarification.

LICENSING REQUIREMENTS ↗

To apply for new ownership of a mobile home park, the following documentation must be submitted ↗

1. Application for a Mobile Home Park License; and
2. Appropriate license fee.

To apply to reduce the number of licensed sites in a mobile home park, the following documentation must be submitted ↗

An Application to Reduce in the Number of Licensed Sites in a Mobile Home Park for which **no license fee is required**.

To apply for an original license to operate a new mobile home park or to expand an existing mobile home park, the following documentation must be submitted ↗

1. Application of Intent;
2. Application for a Mobile Home Park License;
3. Application of Intent fee and license fee;
4. A copy of the final plans signed by the town planning board or a statement from either the town manager or select person that town planning board approval is not required;
5. A copy of the deed and the location and legal description of the tract of land upon which it is proposed to operate and maintain a mobile home park;
6. A detailed site plan(s) of water and sewer lines, disposal systems, well and pump house location, mobile home pads and driveways shall be submitted on a scale of 1" equals 20';
7. A plan locating existing or propose facilities in the park for water supply, waste water disposal, electrical services and necessary buildings;
8. A statement from a key municipal official (town manger or select person) or from an attorney stating the park meets all the local requirements not preempted by Federal and State law;
9. Documentation that the Division of Health Engineering, Department of Human Services, has reviewed the plans and they meet all requirements of that Department relating to drinking water and wastewater disposal. If municipal services are used, a letter of documentation from the utility that will provide the service;
10. If Department of Environmental Protection (DEP) approval is needed, the document must include that approval. If DEP approval is not needed, then an affidavit by the park owner that they have submitted plans to DEP and a verbal order was stated that no approval was needed;
11. A statement from a licensed electrician stating that the plan meet the requirements of the current edition of the National Electrical Code (NEC)(NFPA 70) as adopted by the Electricians Examining Board;
12. A statement of the municipal fire chief that the plans meet the requirements of local and state fire codes.

Waiver of Requirements ↗

The Board may waive some of the requirements if the new park or park expansion is less than fifteen (15) sites. A waiver must be granted by a majority vote of those in attendance at the board meeting. No waiver may be granted that affects the welfare and safety of a tenant.

FEE SCHEDULE ↗

All fees must accompany your application for licensure. Checks should be made payable to:
Treasurer State of Maine. Fees will be charged for the following ↗

Application of Intent	\$25.00
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For New Ownership and New Parks:

Park with 3-100 approved sites	\$40.00 plus \$4.00/per site
Park with 101 or more approved sites	\$440.00 plus \$1.00/per site

For Park Expansion:

Park with 3-100 approved sites	\$4.00/per new site
Park with 3-100 approved sites	\$1.00/per new site



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ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

MOBILE HOME PARK APPLICATION OF INTENT

1. LICENSE TYPE. PLEASE CHECK ONE OF THE FOLLOWING ↗

- New Mobile Home Park Mobile Home Park Expansion

2. APPLICANT INFORMATION ↗

Applicant Name			
Mailing Address			
City	County	State	Zip Code
Home Telephone		Work Telephone	
Social Security Number or Federal ID Number			

The following statement is made pursuant to the Privacy Act of 1974, §7(B), Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.A.A, §191.

↗ **List Name(s) of Owner(s), Partners or Corporate Officers. Give residence address. Attach additional sheet(s) if necessary.** ↗

NAME & ADDRESS OF OWNER(S)/PARTNERS/CORPORATE OFFICERS		TELEPHONE NUMBER
Name		
Address		
Name		
Address		
Name		
Address		

↗ **If the applicant is a corporation please submit a letter of good standing from the Maine Secretary of State Corporation Division or if the applicant is an out-of-state corporation, please list the applicant's statutory agent below.**

Statutory Agent _____

Mailing Address _____

Street

State

Zip Code

Signature of Authorized Agent _____

3. **PARK INFORMATION** ↗

Name of Park	Number of Sites
Physical Address	
Municipality of Township	County
Name of Park Manager	Telephone Number
Address	

↗ **For New Ownership Only**

If the application is for a new owner, please list the name of the former owner, the name of the park under that owner, and license number.

↗ **For New Mobile Home Parks or Mobile Home Park Expansion**

1. How is the water to be supplied to the site?

- Individual wells. List the number of wells currently in use _____
- Central well(s) with distribution lines by applicant
- Off-site utility company or public agency
- Other: _____

2. How is sewage to be disposed of?

- Individual septic system
- Central on-site disposal with collection lines by applicant
- Off-site utility company or public agency
- Other: _____

↗ **For Mobile Home Park Expansion Only**

Number of existing licensed sites _____ Number of expansion sites _____ Total number of sites _____

PLEASE READ THE STATEMENT BELOW AND SIGN AS YOUR TESTAMENT TO THE INFORMATION PROVIDED ON THIS APPLICATION ↗

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department.

Signature of Applicant _____ Date _____

Printed Name and Title _____



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 GOVERNOR

ANNE L. HEAD
 DIRECTOR

MOBILE HOME PARK LICENSE APPLICATION

1. LICENSE TYPE. PLEASE CHECK ONE OF THE FOLLOWING ↗

- New Mobile Home Park New Ownership Mobile Home Park Expansion

2. APPLICANT INFORMATION ↗

Applicant Name			
Mailing Address			
City	County	State	Zip Code
Home Telephone		Work Telephone	
Social Security Number or Federal ID Number			

The following statement is made pursuant to the Privacy Act of 1974, §7(B), Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.A.A, §191.

↗ **List Name(s) of Owner(s), Partners or Corporate Officers. Give residence address. Attach additional sheet(s) if necessary.** ↗

NAME & ADDRESS OF OWNER(S)/PARTNERS/CORPORATE OFFICERS		TELEPHONE NUMBER
Name		
Address		
Name		
Address		
Name		
Address		

↗ **If the applicant is a corporation please submit a letter of good standing from the Maine Secretary of State Corporation Division or if the applicant is an out-of-state corporation, please list the applicant's statutory agent below.**

Statutory Agent _____

Mailing Address _____

Street

State

Zip Code

Signature of Authorized Agent _____

3. **PARK INFORMATION** ↗

Name of Park	Number of Sites
Physical Address	
Municipality of Township	County
Name of Park Manager	Telephone Number
Address	

↗ **For New Ownership Only**

If the application is for a new owner, please list the name of the former owner, the name of the park under that owner, and license number.

↗ **For New Mobile Home Parks or Mobile Home Park Expansion**

1. How is the water to be supplied to the site?

- Individual wells. List the number of wells currently in use _____
- Central well(s) with distribution lines by applicant
- Off-site utility company or public agency
- Other: _____

2. How is sewage to be disposed of?

- Individual septic system
- Central on-site disposal with collection lines by applicant
- Off-site utility company or public agency
- Other: _____

↗ **For Mobile Home Park Expansion Only**

Number of existing licensed sites _____ Number of expansion sites _____ Total number of sites _____

PLEASE READ THE STATEMENT BELOW AND SIGN AS YOUR TESTAMENT TO THE INFORMATION PROVIDED ON THIS APPLICATION ↗

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department.

Signature of Applicant _____ Date _____

Printed Name and Title _____



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APPLICATION TO REDUCE THE NUMBER OF LICENSED SITES IN A MOBILE HOME PARK

1. APPLICANT INFORMATION ↗

Applicant Name			
Mailing Address			
City	County	State	Zip Code
Home Telephone		Work Telephone	
Social Security Number or Federal ID Number			

The following statement is made pursuant to the Privacy Act of 1974, §7(B), Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.A.A, §191.

2. PARK INFORMATION ↗

Name of Park	License Number
Physical Address	
Municipality of Township	County
Current Number of Sites	Reduce Number of Sites To
Name of Park Manager	Telephone Number
Address	

3. PLEASE READ THE STATEMENT BELOW AND SIGN AS YOUR TESTAMENT TO THE INFORMATION PROVIDED ON THIS APPLICATION ↗

The Board's Rules and Regulations Relating to Mobile Home Parks require the licensing of all sites in the park, whether they are occupied or not. By requesting that the sites no longer be licensed, you are certifying that they no longer exist. If in the future the Board determines that the sites still exist, enforcement action will be taken against your license to operate the park. The enforcement action may result in a substantial fine and suspension of your license.

If you wish to license the sites at a later date, you will be required to file an Application for License for Park Expansion. Your application will be required to meet all the requirements, including minimum lot size, site plans and facilities plans, in effect for new sites at the time of the application.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department

Signature of Applicant _____ Date _____



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DIRECTOR

Department of Public Safety
State Bureau of Identification
42 State House Station
Augusta, ME 04333-0042

Pursuant to 25 M.R.S.A. §1541, sub-§6, The State Bureau of Identifications may charge a fee for all criminal history record check for the following individual. Enclosed is the required \$8.00 fee.

APPLICANT INFORMATION

Name:	_____		
	Last	First	Middle
Address:	_____		
Social Security/Federal I.D. #:	_____	Date of Birth:	_____
Any other names used:	_____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: Michelle Lovering
Agency Name & Address:	Office of Licensing and Registration Manufactured Housing Board 35 State House Station Augusta, Maine 04333-0035

OFFICE PHONE: (207)624-8612

FAX: (207)624-8637



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: () - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

OFFICE PHONE: (207)624-8612



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