



**APPLICATION FOR  
MOBILE HOME PARK  
OPERATING PERMIT/LICENSE**

**OFFICE USE ONLY**

**APP. NUMBER:** \_\_\_\_\_

*Former City of Halifax*

<b>NAME OF MOBILE HOME PARK:</b>	
<b>LOCATION:</b>	
<b>MOBILE HOME PARK OWNER:</b>	
<b>OWNER MAILING ADDRESS:</b>	
<b>CONTACT NAME:</b>	
<b>CONTACT PHONE:</b>	
<b>TOTAL LOTS IN PARK:</b>	
<b>TOAL UNITS IN PARK:</b>	

I declare that all of the above information is true and accurate and has the same force and effect as if made under oath. If application is being signed by someone other than the property owner, I certify that I am submitting this application, including all of the required supporting documentation, with the consent of the owner(s) of the subject property(s).

Signature of Park Owner: \_\_\_\_\_

Date: \_\_\_\_\_

*In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to the administration of the Mobile Home Park Operating Permit/License Application. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-4390 or [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca).*