

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Environmental Health Services
350 Capitol Street, Room 313
Charleston, WV 25301-3713
Phone: 304-558-2981 Fax: 304-558-0691

MANUFACTURED HOME COMMUNITY SPECIFICATIONS AND PLAN REVIEW SUMMARY FORM

Applicant _____

Project Location _____

Size of smallest occupied home _____ ft. X _____ ft. X _____ ft.

Number of occupied home lots _____ Width of park roads _____

Type of road surfacing _____

Type of fuel to be installed _____ Natural Gas _____ Liquefied

_____ Petroleum Gas _____ Fuel Oil

	YES	NO
Off-street parking provided?		
Water supply design information and data sheet attached?		
Water riser pipe details attached?		
Sewage design information and data sheet attached?		
Sewer riser pipe details attached?		
Recreational area provided?		
Management building to be provided?		
Management building design details attached?		
Will fire protection be installed?		
Pets allowed?		

Will skirting be allowed? If so, specify _____

Auxiliary facilities to be installed (be specific) _____

