



Date Received: _____

Bismarck Community Development Department

Building Inspections Division

221 North 5th Street * PO Box 5503

Bismarck, ND 58506-5503 * www.bismarcknd.gov Phone: 701-355-1465 * Fax: 701-222-6450

buildinginspections@bismarcknd.gov

APPLICATION TO OPERATE

To Operate a Manufactured Home Community/Recreational Vehicle Park

The Undersigned Agrees to Maintain His/Her Establishment in Full Compliance With the Requirement of the City Ordinance 4-08-05.

1. SUBMITTAL REQUIREMENTS		
<input type="checkbox"/> Completed application		
<input type="checkbox"/> Payment for annual fees in the form of a check or money order made out to City of Bismarck. Fee total equal to \$3.00 per space.		
2. APPLICATION AND OWNER INFORMATION		
Park Name		
Owner Name		
Park Address		
Park Manager		
Mailing Address:		
City:	State:	Zip Code:
Email:		
Phone Number	Fax Number	
Local Contact Name (if different)	Local Contact Name (if different)	
Number of Spaces	Fee= \$3 x Number of Spaces	
Has the area of the park or number of spaces changed since your last license renewal, if yes, please include a site plan showing layout, location, and dimensions of new area.	Yes	No

Please return with required fee to:	Building Inspections Division PO BOX 5503 Bismarck, ND 58506-5503
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I hereby declare and affirm that all matters and facts set forth in this application are true and correct to the best of my knowledge, information and beliefs.

Signed: _____

Date: _____