



MANUFACTURED HOME PERMIT APPLICATION

CITY OF LAKEVILLE
BUILDING INSPECTIONS DEPARTMENT
20195 HOLYOKE AVENUE
LAKEVILLE, MN 55044
952-985-4440
www.lakevillemn.gov

Office Use Only

Permit Number

Received By

Date Received

Fee Total

REQUIRED FOR APPLICATION:

Completed Park Manager Approval Form Manufacturer's approved installation manual Separate Electrical Permit

GENERAL INFORMATION

HOMEOWNERS NAME		COUNTY	
HOME LOCATION/ADDRESS		CITY	
MANUFACTURED HOME BRAND	MODEL	SERIAL NUMBER OF HOME	DATE OF MANUFACTURE
HUD or STATE LABEL(S) NUMBER (S) <i>(If home was manufactured prior to July 1, 1972, no label number required.)</i>			
Is the home located in a park? No Yes	Name of Park		

SUPPORT SYSTEM

Support System Seal	Foundation Type:	Ground	Frost Depth	Basement	Crawlspace w/frost
	Engineered	Other Approval Alternate			
Soil Bearing Capacity	Method of verification				

SYSTEM ITEMS (Utility Work): *(Enter completed by, if installer state installer, if homeowner state homeowner, if other give name of person, company name, license number if known.)*

Sewer: _____

Water: _____

Gas: _____

Electrical: *(By licensed electrical contractor or homeowner) (Park installation requires electrical contractor.)*

ANCHORING SYSTEM

Anchor System Seal Number:	ANCHOR MANUFACTURER'S NAME	MODEL-PART/PRODUCT NO.	
Soil Anchors No Yes	Test Probe Torque Value (inch lbs.)	Concrete Anchors: No Yes	Other anchor system:

INSTALLER INFORMATION

I hereby certify that the Support System and Anchoring System on the Manufactured Home listed will be completed in accordance with the manufacturer's instructions and the Minnesota State Building Code.

MN REGISTRATION NUMBER	INSTALLER COMPANY NAME	LICENSED/REGISTERED INSTALLERS SIGNATURE:
MI-		

If anchoring of the home completed by others indicate name and address of responsible party for the required anchoring.

OFFICE USE ONLY

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USE AND OCCUPANCY:

____ BUILDING CODE
____ CONSTRUCTION TYPE
____ IRC DWELLING TYPE
____ ZONING

REQUIRED INSPECTIONS:

FOOTING
TIE-DOWNS AND BLOCKING
BUILDING FINAL (copy of Systems Test Affidavit)

PERMIT FEE:

PERMIT FEE: \$ _____
SURCHARGE: \$ _____
TOTAL: \$ _____

BUILDING INSPECTOR: _____ DATE: _____

COMMENTS:

