Application Number:		
Related Records:		



Olmsted County Planning Department Inspections Division

2122 Campus Dr SE, Suite 100 Rochester, MN 55904 P: 507-328-7100 F: 507-328-7958 planningweb@olmstedcounty.gov

MANUFACTURED HOME DECK IN PARK PERMIT APPLICATION

Mandatory Submittal Information

septic tanks, draint	n including distances fr fields and all wells with specifications per			/ lines, pub	lic streets, easements,		
Site Address:							
Township/Section	Subdivision		Block	Lot	Parcel		
Applicant (select one):	Property Owner	Contractor/P	rofessional	Other (describe):		
Deck Dimensions/Total Square Footage:							
	Pr	operty Owner					
Full Name:		Phone:	Em	ail:			
Address:							
	General Co	ontractor/Profe	essional				
Company Name:		Phone:	Em	ail:			
Contact Name:	State License Number:				Exp. Date:		
Address:							
Architect/Designer/Engineer							
Company Name:		Phon	e:	Email:			
Contact Name:	State Registration Number:						
Address:							
	Oth	ner Contractors	S				
Well Contractor:	New Well	Existing	Well				
Number of Bedrooms inclu	Garbage Dis	posal: Yes	No				
Septic Contractor:	New Septic	Existing	Septic				

Poured Wall Contractor:

Footing Contractor:

Application Number:______Related Records:

Date:

Disclaimer and Signature

I hereby apply for a manufactured home park permit, and I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the County of Olmsted. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.

11 3			
	Manufactured Home	Park Review	
Lot No:			
Comments:			
Approved by (park owner or mana	ger):		Date:
Olmsted County Public Healt	n Services Review – 210	0 Campus Drive	SE Suite 100, Rochester, MN
Please include a site plan showing	the proposed structure w	ith distances to bu	uildings, lot lines and roadways.
Comments:			
Reviewed for consistency with Mir	nesota Law M.S.237		
Public Health Representative:			Date:
	Zoning Rev	iew	
Zoning District:	Site Plan:		Acres:
Required Setbacks: Front			
Comments:			
Zoning Administrator:			Date:

Applicant Signature: