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 IN PARK PERMIT APPLICATION

Mandatory Submittal Information

- 1. 2 copies of site plan including distances from other structures, property lines, public streets, easements, septic tanks, drainfields and all wells
- 2. 2 sets of drawings with specifications per type of structure

Manufactured Home Park:

Site Address:

Township/Section	Subdivision	Block	Lot	Parcel

Applicant (select one)	: Property Owner	Contractor/Professional	tor/Professional Other (describe):					
		Applicant						
Company Name:	Phone:							
Contact Name:	Email:							
Address:								
Contractor/Installer/Other								
Company Name:		Phone:	Email:					
Contact Name:		County Contractor Number:						
Address:		Installer Contractor	Installer Contractor Number:					
New Home Installation								
Manufacturer:		Manufacture Date:	Manufacture Date:					
Model:		Serial Number:						
Size:	Number of Bedrooms:	Pier Set	Block Set					

The manufactured home shall be installed by an installer licensed by the State of Minnesota. The installation shall be in accordance with Minnesota Rules (M.R.) Chapter 1350 and the manufacturer's instructions. Additional permits are required for garages, decks, and electrical connections\*. Exception: Decks and platforms not more than 30 inches (762 mm) above adjacent grade and not attached to a structure with frost footings.

\*Electrical permits are issued by the State of Minnesota.

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).				

Application Number:\_ Related Records:\_\_\_\_

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.

Date:

Manufactured Home Park Review							
			Date:				
Zoning Review							
		Acres:					
Side	. Rear		Side Street				
			Date:				
	Zoning Review Site Plan: Side	Zoning Review Site Plan: Side Rear	Zoning Review Site Plan: Acres: Side Rear				