



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 PRIVATE PROPERTY 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

Site Address:

Township/Section	Subdivision	Block	Lot	Parcel

Applicant (select one): Property Owner Contractor/Professional Other (describe):

Owner

Name: _____ Phone: _____

Address: _____ Email: _____

Contractor/Installer/Other

Company Name: _____ Phone: _____ Email: _____

Contact Name: _____ County Contractor Number: _____

Address: _____ Installer Contractor Number: _____

New Home Installation

Manufacturer: _____ Manufacture Date: _____

Model: _____ Serial Number: _____

Size: _____ Number of Bedrooms: _____ Pier Set Basement Frost Free Footing

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.*

Application Number: _____
Related Records: _____

Disclaimer and Signature

I hereby apply for a manufactured home 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.

Applicant Signature: _____

Date: _____

Zoning Review

Zoning District: _____ Site Plan: _____ Acres: _____

Required Setbacks: Front _____ Side _____ Rear _____ Side Street _____

Comments: _____

Zoning Administrator: _____ Date: _____