



Community Development Department
 4001 West River Parkway, Suite 100
 Rochester, MN 55901-7090
 Phone: 507-328-2600
 Email: buildingsafety@rochestermn.gov
www.rochestermn.gov/cd

**MANUFACTURED HOME
 Permit Application**

Office Use Only
App. No. _____

Date _____ This manufactured home is being installed: In a Park On a private lot

Work Site Address _____
Number Street Suite/Unit No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: Owner Contractor/Installer Other (describe) _____

Owner	Name _____ Phone _____ <small>Last First MI</small>
	Address _____ Email _____
	City _____ State _____ Zip Code _____

Contractor/ Installer	Company _____ Installer Lic. # _____
	Phone _____ - _____ - _____ E-mail _____
	Name _____ <small>Last First MI</small>
	Address _____ City _____ State _____ Zip Code _____

New Home Installation

Manufacturer _____ Mfr. Date _____

Model _____ Size _____ Serial No. _____

Is this the first time a home is being installed on this lot? Yes No
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 the water, sewer, gas piping, and electrical connections.

Description of Work

Description of Other Work (If not new home)

Total valuation of work \$ _____ (installation and hookup costs only—do not include the value of the manufactured home)

I hereby apply for a manufactured home park permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and Rochester Code of Ordinances Chapter 10-2, Sections 10-2-6 –10-2-9. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work that 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 City of Rochester. Anyone not so licensed may do work on-premises or that part of premises (not containing more than two units) owned and occupied by the worker as a residence. (Rochester Code of Ordinances Chapter 4-1)

Applicant's Signature

Date

MANUFACTURED HOME PARK REVIEW (in park only)

Lot No. _____

Comments: _____

Approved by _____
Owner or Manager Signature

Date

OLMSTED COUNTY PUBLIC HEALTH SERVICES REVIEW (in park only)

(Include a site plan showing the proposed structure, with distances to buildings, lot lines, and roadways.)

Comments: _____

Reviewed for consistency with Minnesota Law M.S.327:

Reviewer's Signature

Date

DO NOT WRITE BELOW THIS LINE – Office Use Only

ZONING REVIEW COMMENTS

Site Plan Zoning District _____ Flood Protection Required _____
 Surveyor's Certificate Flood District _____ Flood Protection Elev. _____

Comments: _____

Final Zoning Review Required Yes No

Zoning Approved by: _____
Examiner Signature

Date

GENERAL INFORMATION R106 Manufactured Home

Finish Floor Elev. _____ Publicly owned

Lowest Floor Elev. _____ Privately owned

Comments:

Permit Approved by: _____
Plans Examiner Signature

Date