



# MANUFACTURED HOME PERMIT APPLICATION

CITY OF LAKEVILLE  
BUILDING INSPECTIONS DEPARTMENT  
20195 HOLYOKE AVENUE  
LAKEVILLE, MN 55044  
952-985-4440  
[www.lakevillemn.gov](http://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) (If home was manufactured prior to July 1, 1972, no label number required.)			
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- Email Address:	Phone Number:	

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**OFFICE USE ONLY**

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**MANUFACTURED HOME PERMIT APPLICATION**

**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:**

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