



# 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) <i>(If home was manufactured prior to July 1, 1972, no label number required.)</i>			
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:	

---

---

OFFICE USE ONLY

---

---

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:

---

---

---

---