



**CITY OF SAINT PETER-BUILDING DEPARTMENT**

227 South Front Street, Saint Peter, MN 56082  
Phone: (507) 934-0662 Fax: (507) 934-4917

**MANUFACTURED HOME INSTALLATION APPLICATION**

PERMIT # \_\_\_\_\_  
START DATE \_\_\_\_\_  
FINISH DATE \_\_\_\_\_

BUILDING SITE ADDRESS/PARK LOT NUMBER \_\_\_\_\_

\_\_\_\_\_ ( )  
PARK NAME/MANAGER NAME ADDRESS PHONE

\_\_\_\_\_ ( )  
INSTALLER & REGISTRATION # ADDRESS PHONE

\_\_\_\_\_ ( )  
OWNER NAME ADDRESS PHONE

HOME MANUFACTURER YEAR BUILT MODEL

STATE CONSTRUCTION SEAL # / HUD SERIAL # \_\_\_\_\_

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the ordinances and laws of the City of Saint Peter regulating manufactured home installation. If the person making this application is not registered as an Installer by the State of Minnesota, the applicant represents that the manufactured home for which this application is being submitted will be installed in accordance with Minnesota State Building Code, Chapter 1350 and will bear both a construction seal and installation seal upon completion. The approved manufactured home installation permit will be issued to the applicant. The permittee is responsible for required inspections and corrections to completion.

SIGNATURE OF:  OWNER  INSTALLER  AUTHORIZED AGENT DATE

**\*MAKE THIS PERMIT APPLICATION AVAILABLE TO THE INSPECTOR WHEN INSPECTIONS ARE MADE\***

**OFFICE USE ONLY**

**INSPECTION RECORD**

- FOUNDATION AND SUPPORT SYSYEM \_\_\_\_\_
- ANCHORING EQUIPMENT \_\_\_\_\_
- SEWER/WATER CONNECTIONS \_\_\_\_\_
- ELECTRICAL CONNECTIONS \_\_\_\_\_
- FUEL-GAS PIPING \_\_\_\_\_

BUILDING PERMIT FEE	<u>\$50.00</u>
STATE SURCHARGE	<u>\$ .50</u>
PUBLIC WORKS FEE	_____
TOTAL PERMIT FEE	_____
RECEIPT #	_____
ISSUED BY	_____

BUILDING DEPARTMENT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_ ZONING ADMINISTRATOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_