

Manufactured (Mobile) Home Permit/Application

| | | |
|---------------|-------------|----------|
| DATE RECEIVED | RECEIVED BY | PERMIT # |
|---------------|-------------|----------|

Applicant Complete Information Below

| | | | |
|-------------------------------|--------------------|--|--|
| PROJECT ADDRESS | | OR PID# | |
| PROPERTY OWNER | | PHONE # | |
| ADDRESS | | CITY | STATE ZIP CODE |
| INSTALLER NAME | | LICENSE # | PHONE # |
| GAS PIPING TEST CONTRACTOR | | PHONE # | PARK NAME (if applicable) Lot # |
| BRAND NAME | MODEL NAME | SERIAL NUMBER | DATE OF MANUFACTURE |
| CONSTRUCTION LABEL NUMBER | DESIGN ROOF LOAD | IS THIS HOME AN "ALTERNATE CONSTRUCTION" DESIGN: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, contact the Building Official for additional submittal information. | |
| HEATING/COOLING ZONE | | | |
| DEALERS NAME | | PHONE # | |
| ADDRESS | | CITY | STATE ZIP CODE |
| TYPE OF FOOTINGS & FOUNDATION | DIMENSIONS OF HOME | LOT SIZE | ESTIMATED VALUE OF HOME VALUE OF SITE WORK |

This permit becomes null and void if work or construction authorized is not commenced **within 180 days**, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

| | | | |
|---------------------|---------|---------|----------------|
| NAME [please print] | ADDRESS | CITY | STATE ZIP CODE |
| SIGNATURE | DATE | PHONE # | |

City Use Only

PLANNING:

| | | | | |
|-----------------|---------------------------|--------------|------------|------------|
| ZONING DISTRICT | MINIMUM SETBACKS REQUIRED | Front _____ | Side _____ | Rear _____ |
| | Road Right of Way _____ | Other: _____ | | |

| | |
|-------------|------|
| REVIEWED BY | DATE |
|-------------|------|

SUBJECT TO THE FOLLOWING CONDITIONS:

BUILDING:

| | |
|-------------|------|
| REVIEWED BY | DATE |
|-------------|------|

SUBJECT TO THE FOLLOWING CONDITIONS:

Fees

| | | |
|-------------------------|-------------------|-----------------------|
| Building Permit _____ | Plan Review _____ | State Surcharge _____ |
| Plumbing Permit _____ | Plan Review _____ | State Surcharge _____ |
| Mechanical Permit _____ | Plan Review _____ | State Surcharge _____ |
| Other: _____ | | |

TOTAL DUE:

Date Issued: _____ Issued By: _____ Receipt # _____



City of Ortonville, 217 NW Third Street, Suite 101, Ortonville MN 56278 - Community Development 320/839-2612

If you have questions on code-items, required inspections or to schedule an inspection call: _____