

## City of New Brighton MANUFACTURED HOME PERMIT PACKET **2018**Please email materials to permits@newbrightonmn.gov

REQUIRED ITEMS TO BE SUBMITTED  Completed Packet (all three pages)  Accurate Site Plan: Note Setbacks  Soils report: a minimum of 2 engineered soil bearing capacity tests  Manufacturer's anchoring specifications Home and Site specific						CHECK IF ITEMS ARE INCLUDED		
Upon submittal, permit packet will be reviewed for completeness.  Once all requirements are met, a Certificate of Occupancy will be issued.								
PARK NAME:					DATE:			
JOB SITE ADDRESS:					UNIT #:			
APPLICANT IS: ☐ OWNER AND OCCUPANT ☐ CONTRACTOR								
Name: Project Valuation:								
PROPERTY OWNER:					PHONE:			
ADDRESS:					CITY/STATE/ZIP:			
INSTALLER/CONTRACTOR:					PHONE:			
ADDRESS:					CITY/STATE/ZIP:			
EMAIL:			LICENSE #		NSE #:			
Installer is responsible for:	☐ Foundation	☐ Anchoring	☐ Support	☐ Electric	cal	□ Plumbing	☐ Gas/Mech	
Property Use	Type of Structure		Type of Work		Fees			
☐ Residential	☐ Principal Building		☐ New Building		Perr	nit Fee:		
☐ Commercial	☐ Accessory Building		☐ Existing Building		Adn	nin Fee:	\$17.00	
☐ Industrial	Other		☐ Repair / Replace		Stat	e Surcharge:	\$1.00	
☐ Institutional					Plan	Review:		
☐ Public					Other:			
					Tota	al Due:		
Types of Home(s) (check all that apply)								
Single Wide \$79.00 ☐ Double Wide \$				Each Additional width \$16.00				
Permit will become void 180 days from date of issuance. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of New Brighton regulating building construction.								
Applicant's Signature:				Date:				

## **Electrical, Plumbing & Mechanical** permits are REQUIRED.

A Certificate of Occupancy may not be obtained until all permit requirements are met.

Please identify below the person(s) responsible for each permit type:

Electrical Work:	PHONE:		
ADDRESS:	CITY/STATE/ZIP:		
EMAIL:	LICENSE #:		
NOTE: Any electrical work must be	oe performed by a MN I	icensed contra	actor.
Plumbing Work			
Identify the person responsible for plumbing permit:	☐ Plumber	□ Installer	☐ Homeowner
NAME:			PHONE:
ADDRESS:			CITY/STATE/ZIP:
EMAIL:			
Mechanical Work			
Identify the person responsible for mechanical permit:	' ' IIIHV/VI (ONTRACTOR IIIHOMAOV		
NAME:			PHONE:
ADDRESS:			CITY/STATE/ZIP:
EMAIL:			
NOTE: Bonded HVAC contractors	must have a city contra	actor's license.	

	MANFACTURED HOME:						
BRAND NAME:	MODEL HOME:						
SERIAL NUMBER:	DATE OF MANUFACTURER:						
CONSTRUCTION LAB	EL NUMBER:						
HUD CODE 06/14/76 AI	ND NEWER, STATE CODE 07/01/72 TO 06/14/76, PRE-CODE PRIOR TO 07/01/72						
ROOF LOAD ZONE:	HEATING/COOLING ZONE:						
INSPECTION:							
Installation:	Seals/Certificates # Anchoring #						
	equired by Municipal Ordinance park rule for pre code and State Code homes.						
	for HUD Code homes)						
Instructions Used:	Manufacturers: State Chapter 1350:						
(Homes constructed	after June 14, 1976, requires manufacturer's instructions be used)						
	Building Code: YES □ or NO □ manufacturer's instructions in a park set or by code adoption or zoning property set)						
Foundation Type: Piers below Full depth b	frost depth: Crawl space: asement (treated wood, concrete block, poured concrete or other)						
Engineered	slab on grade (signed approval by Dapia or MN Engineer)						
<b>Support Footings:</b>	Type: Size:						
Soil Conditions:	PSF Pier Material:						
Pier Spacing:	Feet Inches in center (calculations should be submitted for review prior to inspection)						
Shims: Material Use	ed:						
Size:	(minimum 4" x 6" hardwood)						
Clothes dryer vented	to outside crawlspace or skirted area: Yes □ or No □						
Anchoring Fauinmen	t (if applicable):						
Anchoring Equipment (if applicable):  Anchors used: (manufacturer's model numbers)							
Soil test Probe Torque Value inch pounds							