



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

REQUIRED ITEMS TO BE SUBMITTED

CHECK IF ITEMS ARE INCLUDED

- 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

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: <input type="checkbox"/> OWNER AND OCCUPANT <input type="checkbox"/> CONTRACTOR	
Name:	Project Valuation:

PROPERTY OWNER:	PHONE:
ADDRESS:	CITY/STATE/ZIP:

INSTALLER/CONTRACTOR:	PHONE:
ADDRESS:	CITY/STATE/ZIP:
EMAIL:	LICENSE #:
Installer is responsible for: <input type="checkbox"/> Foundation <input type="checkbox"/> Anchoring <input type="checkbox"/> Support <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas/Mech	

Property Use	Type of Structure	Type of Work	Fees
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	<input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Building Other _____	<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Repair / Replace	Permit Fee: _____ Admin Fee: <u> \$17.00</u> State Surcharge: <u> \$1.00</u> Plan Review: _____ Other: _____ Total Due: _____

Types of Home(s) (check all that apply)		
Single Wide \$79.00 <input type="checkbox"/>	Double Wide \$95.00 <input type="checkbox"/>	Each Additional width \$16.00 <input type="checkbox"/>

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:
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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 performed by a MN licensed contractor.	

Plumbing Work	
Identify the person responsible for plumbing permit:	<input type="checkbox"/> Plumber <input type="checkbox"/> Installer <input type="checkbox"/> Homeowner
NAME:	PHONE:
ADDRESS:	CITY/STATE/ZIP:
EMAIL:	

Mechanical Work	
Identify the person responsible for mechanical permit:	<input type="checkbox"/> HVAC Contractor <input type="checkbox"/> Homeowner
NAME:	PHONE:
ADDRESS:	CITY/STATE/ZIP:
EMAIL:	
NOTE: Bonded HVAC contractors must have a city contractor's license.	

