

Manufactured Home Installation Permit Submittal Requirements and Supplement

Manufactured Homes Specification Sheet

Manufactured Home Installation Supplement

Manufactured Home Installation Compliance Certification

Electrical Permit submitted to the Department of Labor and Industry at www.dli.mn.gov

Submit permit request online at: <u>www.corcoranmn.gov</u> - Building Permits *Required online attachments are preferred in PDF format.

General Manufactured Home Installation Requirements:

- 1. All new homes must be properly supported and stabilized in accordance with the manufacturer's installation instructions. These instructions must be present during inspections and shall remain with the home.
- 2. Anchoring of the home must be done according to manufacturer's instructions or shall comply with the Building Code.
- 3. Water pipes shall be protected from freezing. When subject to movement due to freezing and thawing, an approved flexible connector or semi-rigid copper shall be used.
- 4. Waste piping shall be of approved material. Approved flexible connectors shall be used when installed on a support system subject to ground movement.
- 5. Gas piping shall be of adequate capacity rating to supply the connected load and protected from physical damage. Approved flexible connectors or semi-rigid copper shall be used when installed on a support system subject to ground movement.
- 6. Mobile home skirting shall be properly vented, constructed not to prevent frost movement, and be resistant to decay within 6" of grade.
- 7. A landing must be provided on the exterior of all entrance/exit doors. All exterior stairs and landings shall be built in accordance with the Building Code. Provide plans indicating all deck, stair, landing, guardrail and handrail construction.

Required Inspections:

- **1.** Foundation: Home shall be on approved location with all blocking and anchoring in place. (A footing inspection may be required for all frost-protected foundation, after forming and reinforcement is in place, before pouring.)
- 2. Plumbing: Water piping shall be properly connected and protected from freezing. Waste piping shall be properly connected and supported. Piping shall be protected from breakage due to ground movement.
- **3.** Mechanical/Gas-line: Gas piping to the home shall be inspected (including pressure test) before any piping has been covered or any fixture or appliance attached. All used manufactured homes shall be subject to an air pressure test of its gas piping system prior to connection to the gas supply.
- **4.** Final: Code approved landing/stairs must be provided for all exits. Skirting shall be present and ready for installation. Used homes shall be in compliance with the code in which they were constructed. Address numbers shall be provided.

This handout is intended only as a guide and is based in part on the Minnesota State Building Code, Corcoran city ordinances, and good building practice. While every attempt has been made to ensure the correctness of this handout, no guarantees are made to its accuracy or completeness. Responsibility for compliance with applicable codes and ordinances falls on the owner and/or contractor.

For specific questions regarding code requirements, refer to the applicable codes or the contact the city's contracted Building Official, **Metro West Inspection at 763-479-1720** or <u>permits@corcoranmn.gov</u>.

Manufactured Home

Specification Sheet

Spaces @'"	
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Mating Line Pier Locations	
Spaces @'"	
Manufacturer's Name:	
Model Designation:	
Size of Manufactured Home:	
DATA PLATE INFORMATION	
Serial Number:	
Unit Manufacture Date:	
Structural Wind Zone: Heat Zone:	
ANCHORING	
Type of Anchoring System (Manufacture Model):	
Anchor Spacing:	
SUPPORT SYSTEM	
Type of Supports: Blocks: Piers:	
Size of Supports:	
Support Spacing:	
INSTALLER	
Name of Installer: License Number:	

Manufactured Home Installation Supplement

	Office Use Only
New Home Used Home Single Section Home Multi Sectional Home	Permit Number
Date of Manufacture as recorded on the home's Data Plate:	Received By
The home will be installed: 🗌 On Private Property 📄 In a Manufactured Home Park	Date Received
Start Date: Completion Date:	
Foundation Type: 🔽 Frost Piers 🗌 Crawl space 🗌 Basement 🗌 Monolithic Slab	Ground Set
Resident Name:	
Site Address:	
Phone #:	
Describe the work to be performed under this application :	
Installer: Identify person responsible for the installation MN Licensed Installer	Home Owner
Installer's Name: Installer License #:	
Address: City: Phone #:	
Above Installer is responsible for: 🗌 Foundation 🗌 Anchoring 📄 Support System 📄 Electric	al 🔲 Plumbing 📄 Gas/Mech
Electrical Work: Identify the person responsible for the Electrical	Il Contractor 🔲 Home Owner
Elec Contractor Name: Address :	
City: Phone:	
Plumbing Work: Identify the person responsible for the plumbing work.	Installer Home Owner
Plumbing Installer: Office	Phone:
Address: City: M	IN License #:
Mechanical Work: Identify the person responsible for the Mechanical Work. Mechanical Contra	ctor 🗌 Home Owner
Mechanical Contractor: Address :	
City: Phone:	
I hereby apply for installation approval and I acknowledge that: the plan review submittals and t complete, and accurate; the work performed will be in conformance with the manufactured home Minnesota Building Codes, Minnesota Rules Chapter 1350, and/or 24 CFR Part 3285 and 3286 not a permit and work is not to start without a Department approval, and that all work will be in a NAME OF APPLICANT (PLEASE PRINT)	e's installation instructions, 6. I understand this application is ccordance with the approved plan.
APPLICANT'S SIGNATURE:	DATE:
ೆ ಪ್ರಾರಂ ಪ್ರಾರಂ ದಿನಗಳ ಸಂಗ್ರೆ ಮತ್ತು ಹೆಸಗು ಹೊಸ ಪ್ರಾಂಶ್ ಇವೆ ವಸ	(Revised 05/07/2010)

Minnesota Department of Labor and Industry

Construction Codes and Licensing Division Manufactured Structures 443 Lafayette Road North St. Paul, MN 55155-4341 Phone: (651) 284-5366 Fax: (651) 539-0269 www.dli.mn.gov



MN Installation Seal Number

Manufactured Home Installation Compliance Certificate

Compliance Certificate must be filed with CCLD within 7 days of completion of the installation or re-installation work.

Print in Black Ink or Type		e e in pricine (
HOMEOWNER NAME			COUNTY				
HOME LOCATION/ADDRESS				CITY/ZIP CODE			
MANUFACTURED HOME BRAND	MODEL			IRER		DATE	OF MANUFACTUR
MANUTACTORED HOWE BRAND	MODEL		SERIAL NUMBER		DATE	DATE OF MANUFACTOR	
HUD or STATE CONSTRUCTION SEAL NU	JMBER(S)		IS HOME LO	CATED IN M	IANUFACTURE	D HOMI	E COMMUNITY?
YES 🗌 NO 🗌			ΝΟ 🗌 🤉				
INSTALLATION IN AREA WITH LOCAL BU			FICIAL NAME				DATE OF INSPECTION (Footing)
NAME OF 3 RD PARTY INSPECTOR/PLAN F	EXT LINE BELOW)	ICENSE NUMBER	DATE OF INSP			F INSPE	CTION (Final)
FOUNDATION TYPE: GROUND BLO	CK FRO	ST PIERS 📃 🛛 FU	JLL BASEME	NT	CRAWL SPA	ACE	ENGINEERED SLAB
OTHER APPROVED ALTERNATE		ERNATE DESIGN AI	PPROVAL N	UMBFR.			
SOIL BEARING CAPACITY (PSF)		VETHOD OF SOIL TESTIN			DATE OF HOME INSTALLATION		
ANCHOR MANUFACTURER MODEL-PART/PRODUCT #							
Items of Utility Work: (enter t	the information	for who completed	the work ide	ntified be	low. If installe	er, idei	ntify installer. If Homeowner,
identify Homeowner, etc. If work v							
Sewer Connection:							Date Tested:
Water Connection:							Date Tested:
Gas Connection:			Date Tested:				
Electrical Connection:							Date Tested:
			Dute resteu.				
Other Items Included in the Ir	stallation C	ontract.					
Site Preparation, Grading and			port) Pier	Blocking	Sta	airs/D	ecks/Landings, or Handrails
HVAC Connections/Crossove	-	choring (Include		-			Module Connections
Footings 🛛 Other							
If home is requiring re-installation	•		-				•
transaction, please provide the	-		nsed Installer i	s responsib	le to affix the r	new ins	tallation seal to the home for the re-
work performed and file a copy of this							
Original Seal Number		Date of re-installation (corrections):		Inspect	tion Dat	e:
Inspections completed by:		Name of Inspector:			License	Numb	er
		·					
Local Building Official 3 rd Party							
I hereby certify the installati	ion of the m	nanufactured ho	ome listed	above	has been c	comp	leted in accordance with
the manufacturers installation	on instructi	ons pertaining t	o this hor	me and	within the	requ	irements of the

Minnesota State Building Code

Date Signed	License Number:	Installer Name	Licensed Installer Signature				
REV 1/2020 This material can be made in different forms, such as large print, braille, or on a tape. To request, call 1-800-342-5354 Page 1 of 1							
G:bcs/word/ms/installation/forms/Manufactured Home Installation Compliance Certificate							