



MINNESOTA DEPARTMENT OF
LABOR & INDUSTRY

DLI-Construction Codes and Licensing Division
443 Lafayette Road North
Saint Paul, MN 55155-4341

Submit by Email

Print Form

Office Use Only

Application Approval Number

Received By

Date Received

Type the following information or place check marks in the appropriate boxes, then print the form.

☐ New Home ☐ Used Home ☐ Single Section Home ☐ Multi Sectional Home

Date of Manufacture as recorded on the home's Data Plate:

The home will be installed: ☐ On Private Property ☐ In a Manufactured Home Park

Proposed Start Date:

Completion Date:

Identify the foundation Type: ☐ Frost Piers ☐ Crawl space ☐ Basement ☐ Monolithic Slab ☐ Ground Set

Resident Name:

Site Address:

Phone #:

Cell #:

Identify the person responsible for the installation of the home ☐ MN Licensed Installer ☐ Home Owner

Installer's Name:

Installer License #:

Address:

City:

Phone #:

Electrical Work: Identify the person responsible for the Electrical Work. NOTE: Any electrical work performed in a manufactured home park requires a MN electrical license.

☐ MN Licensed Electrical Contractor ☐ Home Owner

MN License #:

Elec Contractor Name:

Address:

City:

Office Phone:

Cell #:

PLUMBING WORK: Identify the person responsible for the plumbing work. ☐ Plumber ☐ Installer ☐ Home Owner

Plumbing Installer:

Office Phone:

Address:

City:

MN License #:

Mechanical Work: Identify the person responsible for the Mechanical Work. ☐ Mechanical Contractor ☐ Home Owner

Mechanical Contractor:

Address:

City:

Office Phone:

Cell #:

I hereby apply for a building permit and I acknowledge that: the plan review submittals and the information above is correct, complete, and accurate; the work performed will be in conformance with the manufactured home's installation instructions, Minnesota Building Codes, Minnesota Rules Chapter 1350, and/or 24 CFR Part 3285 and 3286. I understand this is not a permit and work is not to start without a permit, and that the work will be in accordance with the approved plan.

NAME OF APPLICANT (PLEASE PRINT)

APPLICANT'S SIGNATURE:

DATE: