

**City of Waite Park,
Building/Planning Department
Manufactured (Mobile) Home Permit/Application**

DATE RECEIVED	RECEIVED BY	PERMIT #
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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 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
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SUBJECT TO THE FOLLOWING CONDITIONS:

BUILDING:

REVIEWED BY	DATE
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SUBJECT TO THE FOLLOWING CONDITIONS:

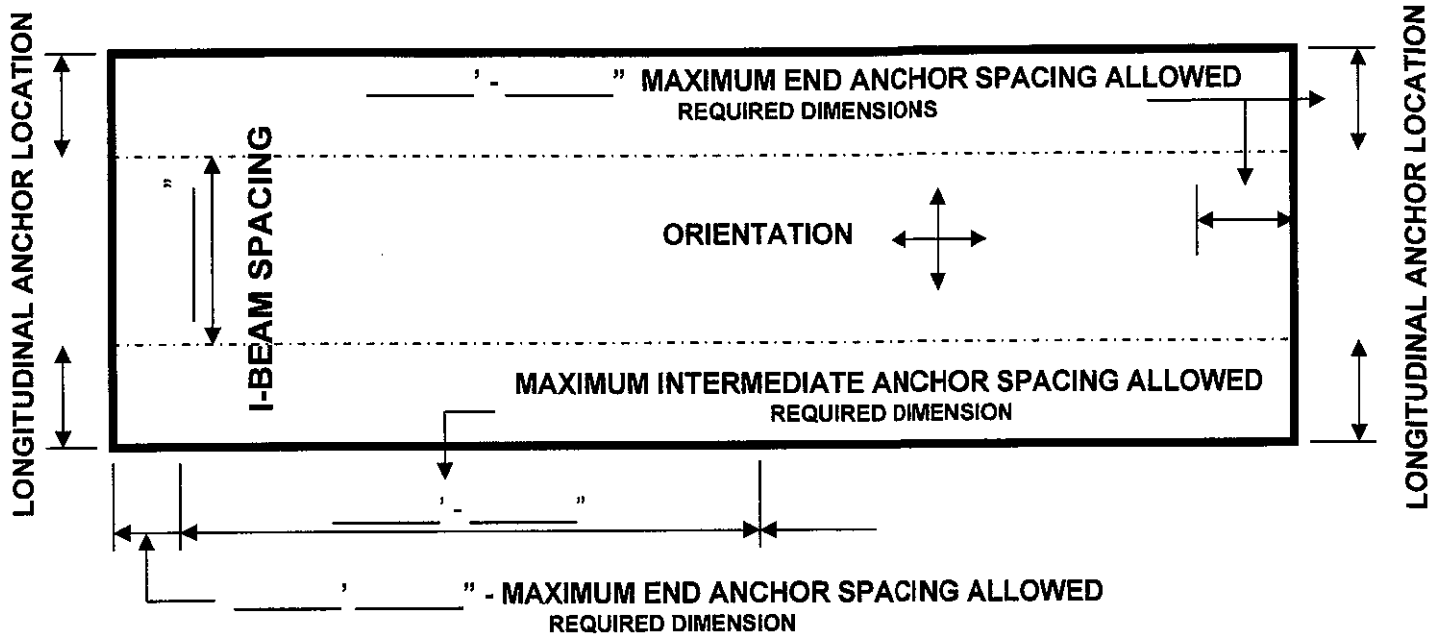
Fees

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 # _____

SINGLE-WIDE ANCHORING PLAN (TYPICAL)



MANUFACTURER INFORMATION

Name _____

Home Size _____

Maximum I-Beam Spacing _____

Maximum Anchor Spacing _____

SOIL INFORMATION

Classification No. _____

Soil Bearing Capacity _____

ANCHORING INFORMATION

Ext. Wall Height _____

Roof Pitch _____

Height From Ground to _____

Frame Connection _____

ANCHORING INFORMATION Cont.

Anchor Manufacturer _____

Lateral Anchors Req'd **YES** or **NO**

Anchor P.N. _____

Connector P.N. _____

Longitudinal Anchors Req'd **YES** or **NO**

Anchor P.N. _____

Connector P.N. _____

No. Per End _____

* P.N. = Part or Product Number