



**APPLICATION FOR MANUFACTURED HOME/ACCESSORY
INSTALLATION PERMIT**

3301 Silver Lake Road
 St. Anthony Village, Minnesota 55418
 Office: (612) 782-3301
 Fax: (612) 782-3302
 www.savmn.com
 Email permits to: permits@savmn.com

Date of Application _____

Date Contractor Notified _____

Park Name: _____

Job Site Address: _____ Unit # _____ Zip _____

Project Valuation: \$ _____ Applicant Is: Owner and Occupant Contractor
(must include material and labor costs)

Property Owner			
Name _____			
Address _____			Unit # _____
City _____		State _____	Zip _____
Phone () _____		Email _____	
Contractor			
Name _____		Installer's Name _____	
Address _____			
City _____		State _____	Zip _____
Phone () _____		License # _____	Email _____
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 Bldg <input type="checkbox"/> Accessory Bldg Other _____	<input type="checkbox"/> New Bldg <input type="checkbox"/> Existing Bldg <input type="checkbox"/> Repair / Replace	Permit Fee: _____ Admin Fee: _____ \$20.00 State Surcharge: _____ \$1.00 Investigation Fee: _____ Other _____ TOTAL DUE: _____
Types of Homes(s) <i>(check all that apply)</i>			
Single Wide \$79.00 <input type="checkbox"/> Double Wide \$95.00 <input type="checkbox"/> Each Add'1 Width \$ 16.00 <input type="checkbox"/>			

Additional Permits Are Required For Electrical, Plumbing (sewer & water), and Mechanical (gas)

REQUIRED ITEMS TO BE SUBMITTED WITH APPLICATION: 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 _____ _____ _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

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 St. Anthony regulating building construction.

Applicant's Signature _____ **Date** _____

Permit # _____ Project # _____ Approved _____ Issued _____

MANUFACTURED HOME:

Brand Name: _____ Model Name: _____
 Serial Number: _____ Date of Manufacturer: _____
 Construction Label Numbers: _____
 HUD Code 06/14/76 and newer, State Code 7/01/72 to 06/14/76, Pre-code prior to 07/01/72
 Roof Load Zone: _____ Heating/Cooling Zone: _____

INSPECTION:

Installation:

Seals/Certificates# _____ Anchoring# _____
 (Anchoring may be required by Municipal Ordinance park rule for pre code and State Code homes. Anchoring is required for HUD Code homes.)

Instructions Used: Manufacturers _____ State Chapter 1350 _____
 (Homes constructed after June 14, 1976, requires manufacturer's instructions be used.)

Foundation to State Building Code: YES or NO (circle one)
 (May be required by manufacturer's instructions in a park set or by code adoption or zoning ordinance in a private property set.)

Foundation Type:

Piers below frost depth: _____ Crawl space: _____
 Full depth basement (treated wood, concrete block, poured concrete or other)

 Engineered slab on grade (signed approval by Dapia or MN Engineer)

Support Footings: Type: _____ Size: _____

Soil Conditions: _____ PSF Pier Material: _____

Pier Spacing: _____ Feet _____ Inches in center (calculations should be submitted for review prior to inspection.)

Shims: Material Used: _____
 Size: _____ (minimum 4" x 6" hardwood)

Clothes Dryer vented to outside crawlspace or skirted area: YES or NO (circle one)
 Material Used: _____

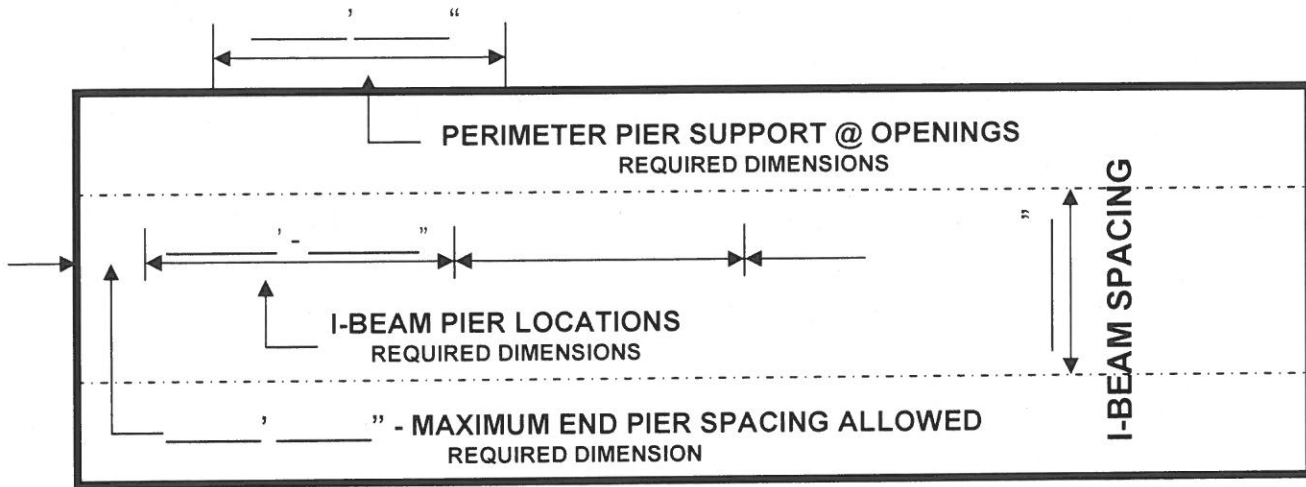
Fresh Air intakes to outside crawlspace or skirted area: (if required for fireplace or furnace or water heater) YES or NO (circle one)

Anchoring Equipment (If applicable):
 Anchors Used: (manufacturer's model numbers) _____
 Soil test Probe Torque Value _____ inch pounds

Conditions of Issuance	Required Inspections															
_____ _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Add</u></th> <th style="text-align: left; width: 10%;"><u>Delete</u></th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Consultation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Final</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Plan Review</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Trench</td> </tr> </tbody> </table>	<u>Add</u>	<u>Delete</u>		<input type="checkbox"/>	<input type="checkbox"/>	Consultation	<input type="checkbox"/>	<input type="checkbox"/>	Final	<input type="checkbox"/>	<input type="checkbox"/>	Plan Review	<input type="checkbox"/>	<input type="checkbox"/>	Trench
<u>Add</u>	<u>Delete</u>															
<input type="checkbox"/>	<input type="checkbox"/>	Consultation														
<input type="checkbox"/>	<input type="checkbox"/>	Final														
<input type="checkbox"/>	<input type="checkbox"/>	Plan Review														
<input type="checkbox"/>	<input type="checkbox"/>	Trench														

Specific Description of Work to be Completed

SINGLE-WIDE SUPPORT PIER PLAN (TYPICAL)



MANUFACTURER INFORMATION

Name _____
 Home Size _____
 Maximum I-Beam Spacing _____
 Door Openings _____
 I-Beam Loading PLF _____
 Maximum End Support (I-Beam) _____
 Ground Moisture Control ___ Yes ___ No
 Grading to Slope **AWAY** From Home _____

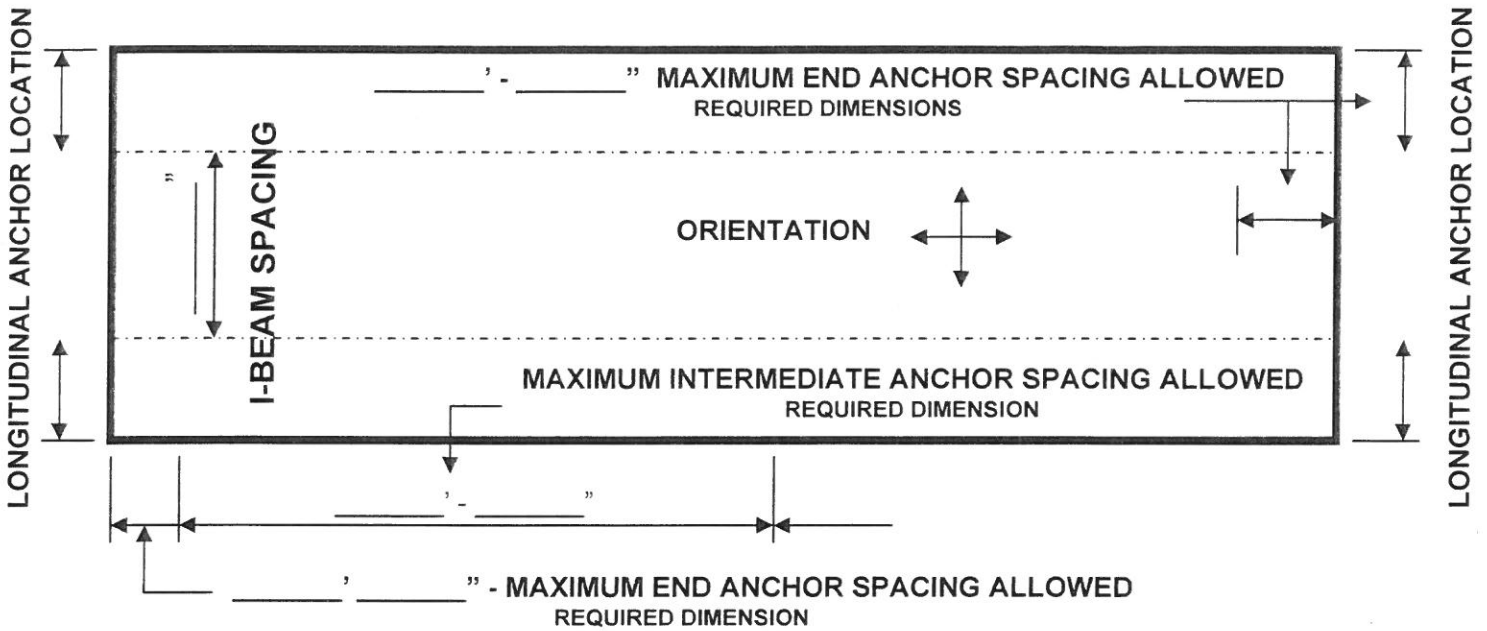
SOIL INFORMATION

Classification No. _____
 Soil Bearing Capacity _____

FOOTING INFORMATION

I-Beam _____ x _____ x _____

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

SUPPLEMENTAL INFORMATION SHEET

THIS IS ADDITIONAL INFORMATION REQUIRED BY THE CCLD FOR APPROVAL OF INSTALLATION PLANS FOR MANUFACTURED HOME INSTALLATIONS IN COMPLIANCE WITH THE MANUFACTURERS INSTALLATION MANUAL, HUD CFR 3285 AND MN STATE BUILDING CODE (MSBC).

HOME INSTALLATION BY:

- MN LICENSED MANUFACTURED HOME INSTALLER
- HOMEOWNER

TYPE OF INSTALLATION

- MANUFACTURED HOME PARK
- PRIVATE PROPERTY

SITE

- SITE PLAN PROVIDED-INCLUDE BUILDING AND PROPERTY LINE SETBACKS
- SITE DRAINAGE
- DESIGNATED FLOOD HAZARD AREA
- FIRE SEPARATION REQUIRED YES OR NO: IF YES—EXPLAIN REQUIREMENTS & DETAIL ON SITE PLAN

MULTI-SECTION FRAMING TOLERANCES

- LIST THE MAX. GAP ALLOWED BETWEEN THE SECTIONS OF THE STRUCTURE
- FLOOR
- CEILING
- RIDGE

ACCESSORY STRUCTURES—PER MANUFACTURERS INSTALLATION MANUAL, MSBC CHAPTER 1350 AND MSBC CHAPTER 1300.

- DECKS
- STAIRS
- LANDINGS
- OTHER

Manufactured Home Installations

On-Site Systems Testing: Plumbing

Water supply testing: The piping and connections up to the home connections are to be tested in accordance with Minnesota State Plumbing Code (MSPC), Chapter 4715.2820. The home is to be tested to CFR 3285 requirements. 3285.603 (e)

1. Water heater must be disconnected during testing.
2. Water line must be tested with air or water at 100 psi for 15 minutes without loss of pressure.

Drainage system testing: The piping and connections up to the home connections to be tested in accordance with MSPC Chapter 4715.2820. The home to be tested to CFR 3285 requirements. 3285.604 (d)

1. Drain, waste and vent systems must be tested by one of the three following methods;
 - a) **Water test:** before plumbing fixtures are connected, all of the openings into the piping must be plugged and the entire piping system subjected to a static water test for 15 minutes by filling it with water to the top of the highest vent opening with no evidence of leaking.
 - b) **Air test:** after all fixtures have been installed, the traps filled with water, and the remaining openings securely plugged, the entire system must be subjected to a 2-inch (manometer) water column air test.
 - c) **Flood level test:** the entire system must be filled with water to the rim of the water closet bowl (tub and shower drains must be plugged), the test must be sustained for 15-minutes without evidence of leaks. The system must then be unplugged and emptied. The waste piping above the water closet bowl must then be tested to show no evidence of leakage when the high fixtures are filled with water and emptied simultaneously to obtain the maximum flow to drain piping.

Plumbing on-site testing may be completed by;

- The licensed plumbing contractor of record for the project, or
- The Minnesota-licensed manufactured home installer of record, if the installer has been approved by CCLD as capable of completing the on-site plumbing testing, or
- The manufacturer's IPIA agent.

Completed testing is required to be witnessed and documented.

I certify the plumbing tests described above have been completed and passed the tests. (water line, flood, and fixture testing)

Examiner's Signature: _____ Date: _____

(Printed name, company name and phone number of testing agency)

Print legibly home owner's name: _____

Manufactured Home Installations

On-Site Systems Testing: Gas Supply System

Fuel supply system testing: The piping and connections up to the home to be tested in accordance with MSMC Chapter 1346.5406. The home to be tested to CFR 3285 requirements.

3285.605 (c)

1. After the appliances are connected, the piping system must be pressurized to not less than 10 inches or more than 14 inches water column (6 to 8 ounces per square inch) and the appliance connections tested for leakage with soapy water or bubble solution. The system must be isolated from the air pressure source and maintain this pressure for not less than ten minutes without showing any drop in pressure.
2. If the appliances are not furnished or have not been installed, piping systems must stand a pressure of at least six inches mercury or 3 PSI gage for a period of not less than ten minutes without showing any drop in pressure. Pressure must be measured with a mercury manometer or slope gage calibrated to read in increments of not greater than one-tenth pound, or an equivalent device.

Fuel supply system testing may be completed by;

- The gas supplier for the home (*local utility or independent supplier*), or
- Minnesota-bonded mechanical contractor, or
- Manufacturer's IPIA agent.

Completed testing is required to be witnessed and documented. The witnessing authority may be the gas utility supplier, Minnesota-bonded mechanical contractor, Minnesota-licensed building inspector, the approved third-party inspector responsible for the installation inspection, or the manufacturer's IPIA (in plant inspection agency's) agent.

If during the testing, non-compliances of the code are found that were the result of the construction of a new manufactured home by the home manufacturer, notification must be sent to the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division for proper notification to the manufacturer and their IPIA for corrections of non-compliances and re-testing. If the home is used and testing identifies non-compliances that were not caused by the manufacturer during construction, corrections orders must be issued to the responsible parties by the local authority having jurisdiction.

I certify the gas tests described above have been completed and are found to be in compliance.

Examiner's signature: _____ Date: _____

(Printed name, company name and phone number of testing agency)

Print legibly home owner's name: _____

Site address: _____