

MANUFACTURED HOME INSTALLATION PERMIT

(SUPPLEMENTAL CHECKLIST ON BACK OF APPLICATION)

PROPERTY INFORMATION

PERMIT NUMBER _____

Site Address _____ Name of Park _____
 Owner Name _____ Phone _____
 New Home (A new home is a home that has never been occupied) Used Home
 Date of Manufacture as recorded on the home's Data Plate _____ Manufacturer _____
 Dimensions of Structure _____ State Seal # _____ HUD Label _____
 Foundation Type: Frost Piers Crawl Space Basement Slab Ground Set Installation Waiver
 Job description: _____

INSTALLED BY

JOB VALUATION _____

Contractor Name _____ Phone _____
 Contractor's Address _____
 Permit holder is responsible for: Foundation/Slab Anchoring Support System
 Plumbing Landing and Stairs

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 (326B.31)
 Electrical Contractor _____ Phone _____
 Address _____

PLUMBING WORK:

Identify the person responsible for the plumbing work. Any manufactured home installation requires a MN licensed plumber's or MN licensed installer's license (326B.46). Plumber Installer
 Plumbing installer _____ Phone _____
 Address _____

MECHANICAL WORK

Identify the person responsible for the Mechanical Work
 Mechanical Contractor _____ Phone _____
 Address _____

I hereby apply for installation approval 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, MN Building Codes, MN Rules Chapter 11350, and/or 24 CFR Part 3285 and 3286. I understand this application is not a permit and work is not to start without the City of Inver Grove Heights approval, and that all work will be in accordance with the approved plan.

NAME OF APPLICANT (PLEASE PRINT LEGIBLY) _____

APPLICANT'S SIGNATURE _____ DATE _____

* * * * *

Accepted by _____	Building Permit _____	AL
License # _____	Plan Review _____	AM
Zoning _____	Surcharge _____	BR
Occupancy _____		
Bldg Dept approval _____	Total _____	
Planning Dept approval _____		
Eng Dept approval _____		
Approved to issue by _____	Receipt # _____	
Date approved _____	Receipt Date _____	
	Form of Payment _____	

MANUFACTURED HOME APPLICATION CHECKLIST

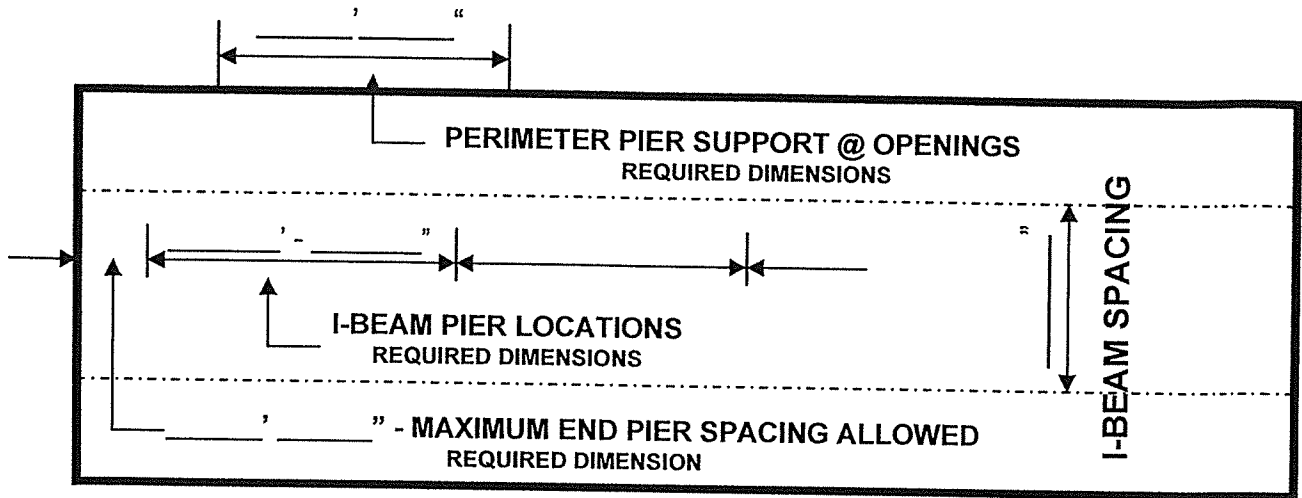
PRE JANUARY 1, 2009 HOMES:

- Soil bearing capacity or pot-holing on existing manufactured home pad
- Signed footing/foundation waiver
- Signed pre walk-through declaration
- Installation instructions
- Site plan

POST JANUARY 1, 2009 HOMES:

- Soil bearing capacity of soil
- Frost protected footing/foundation OR engineered alternative
- Installation instructions
- Site plan

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

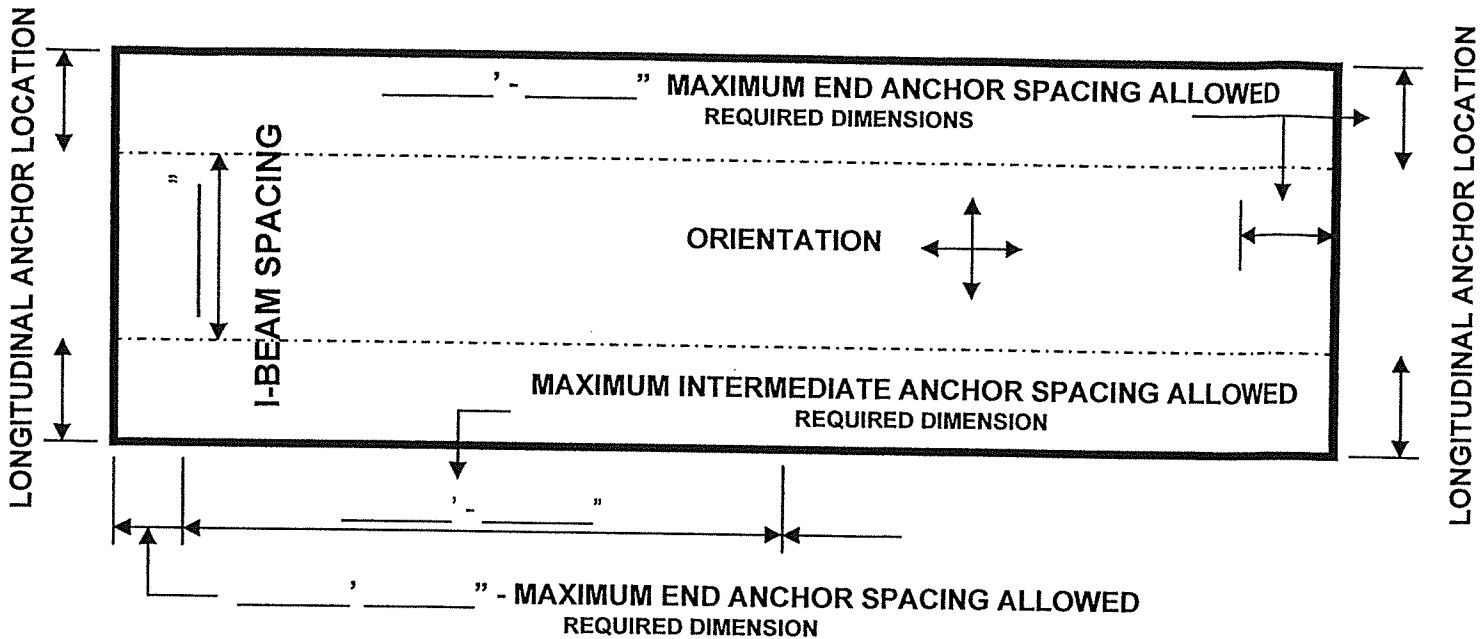
Classification No. _____

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

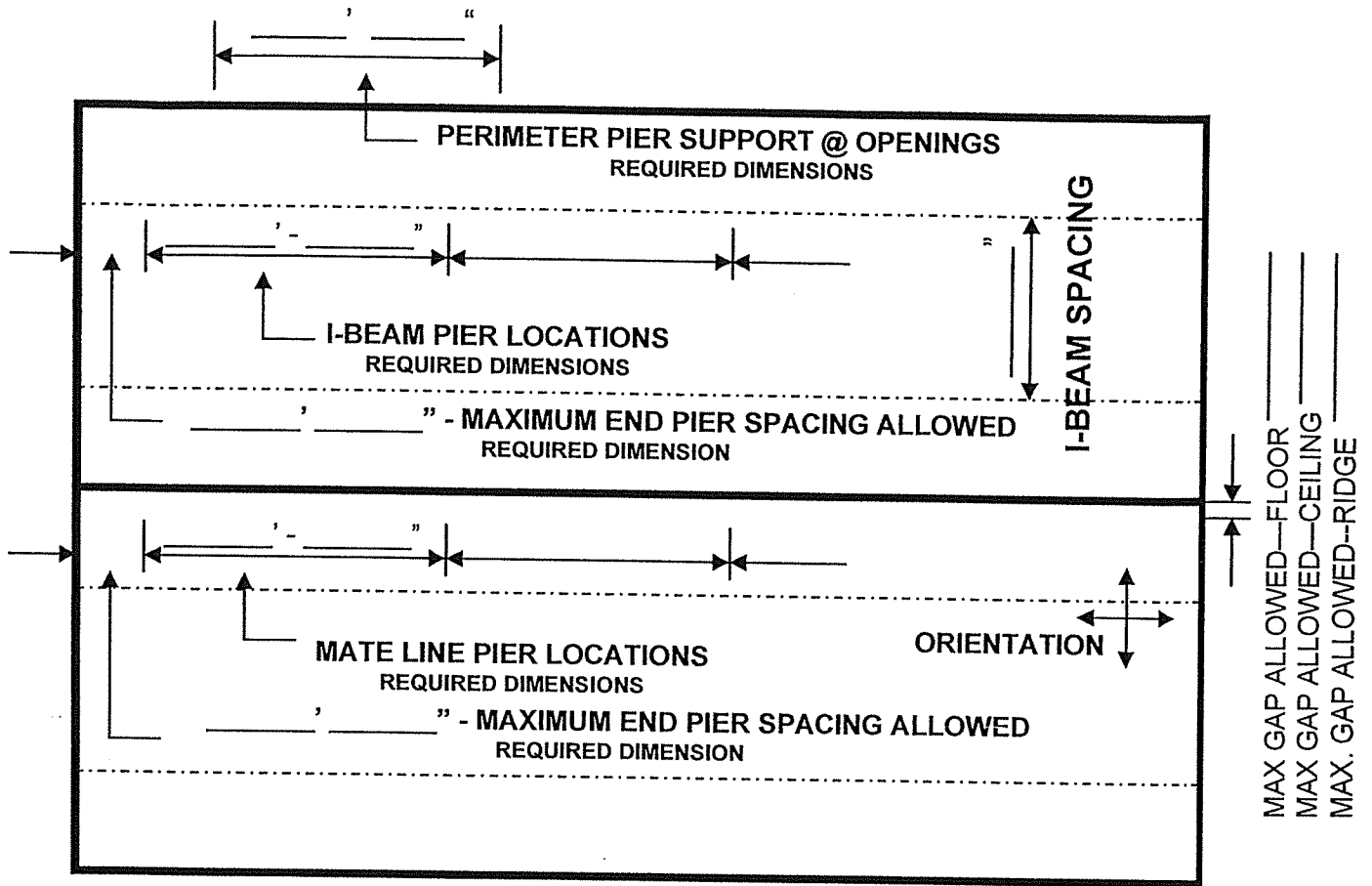
Ext. Wall Height _____
 Roof Pitch _____
 Height From Ground to
 Frame Connection _____

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

DOUBLE-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
 Mate Line Loads _____
 Grading to Slope **AWAY** From Home _____

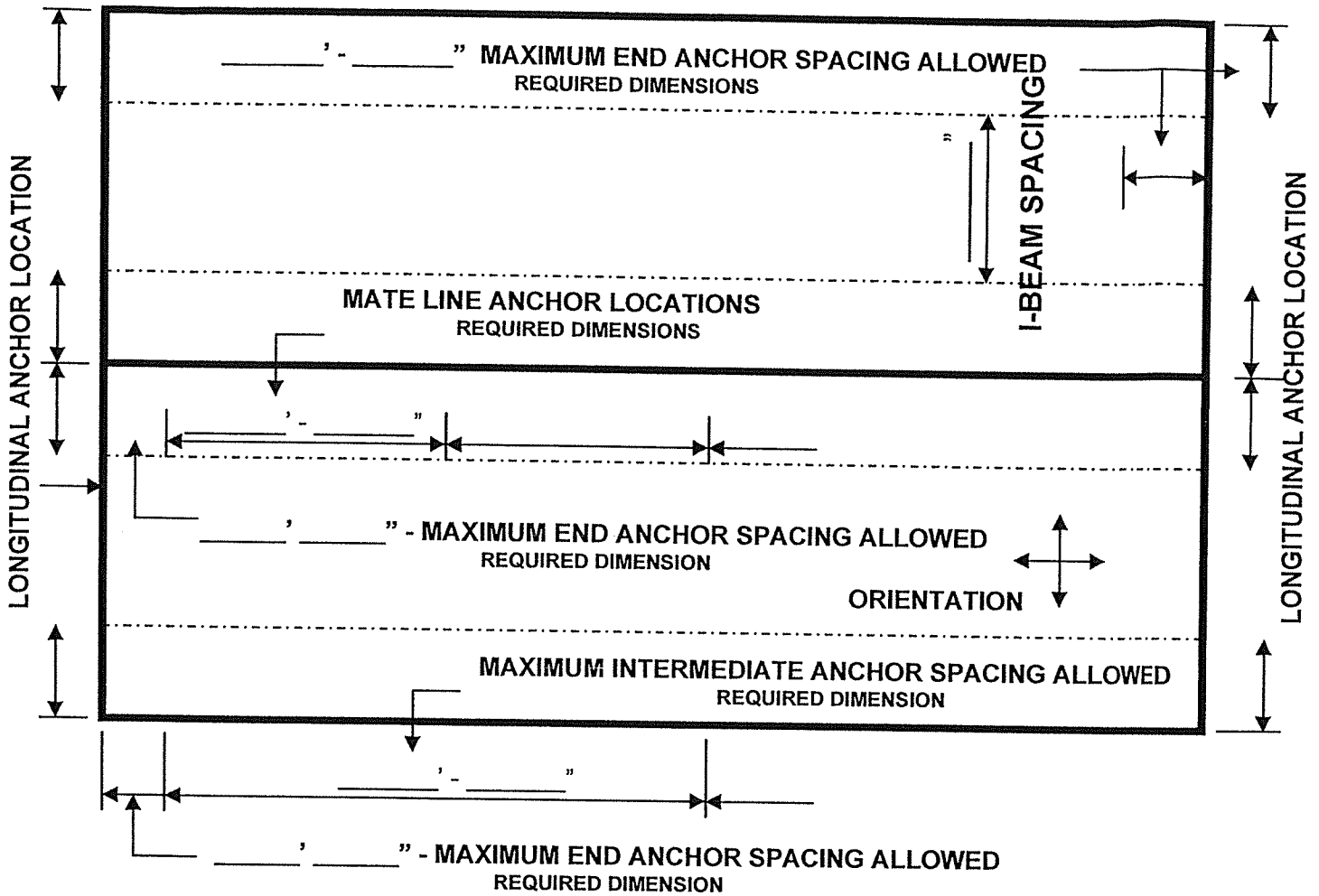
SOIL INFORMATION

Classification No. _____
 Soil Bearing Capacity _____

FOOTING INFORMATION

I-Beam _____ x _____ x _____
 Mate Line _____ x _____ x _____

DOUBLE-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 _____

Mate Line

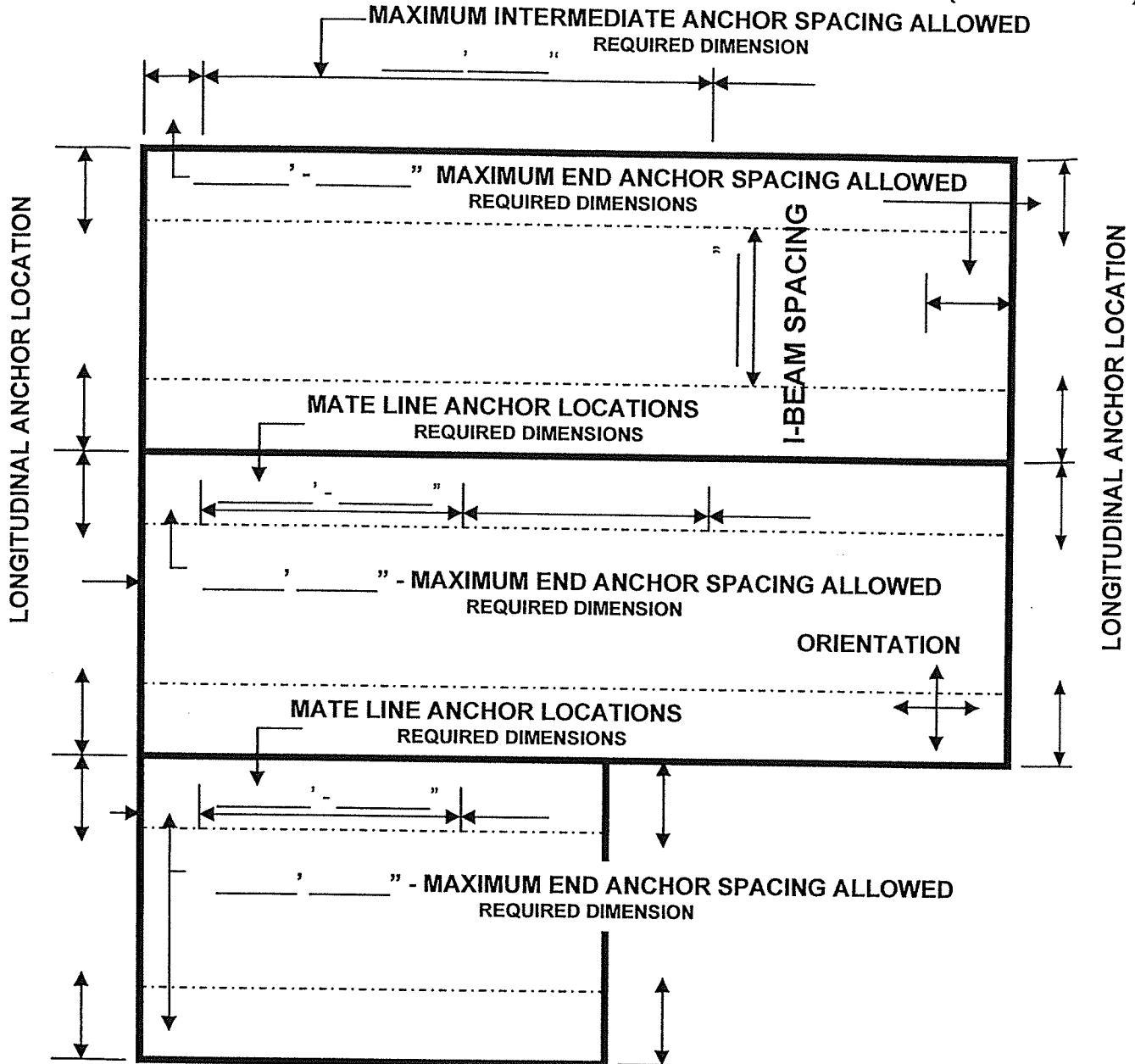
Lateral Anchors Req'd YES or NO

Anchor P.N. _____

Connector P.N. _____

* P.N. = Part or Product Number

DOUBLE-WIDE W/ TAG ANCHORING PLAN (TYPICAL)



MANUFACTURER INFORMATION

Name _____
 Home Size _____
 Maximum I-Beam Spacing _____
 Maximum Anchor Spacing _____

SOIL INFORMATION

Classification No. _____
 Soil Bearing Capacity _____

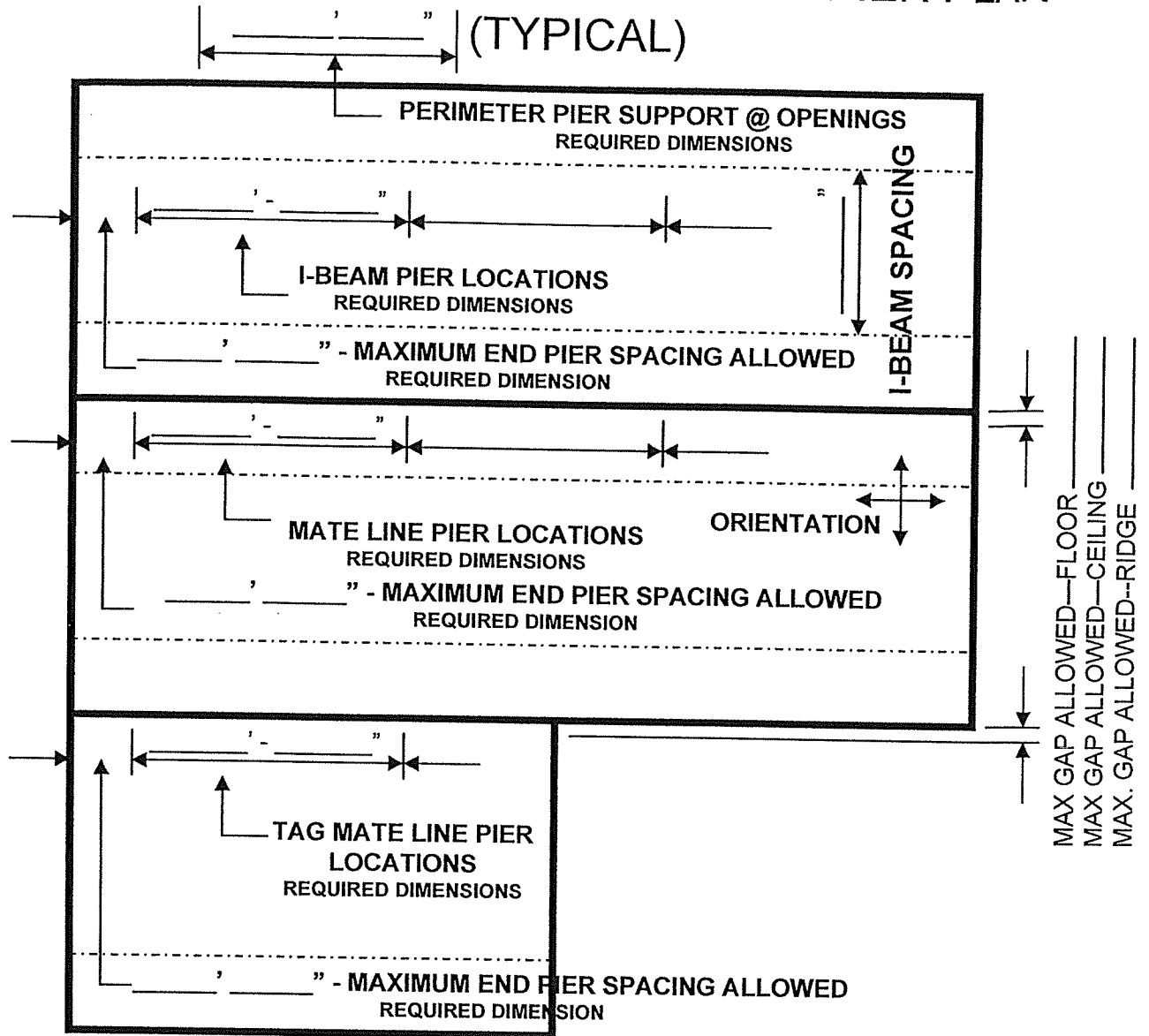
ANCHORING INFORMATION

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 _____
Mate Line
Lateral Anchors Req'd YES or NO
 Anchor P.N. _____
 Connector P.N. _____

DOUBLE-WIDE W/ TAG SUPPORT PIER PLAN



MANUFACTURER INFORMATION

Name _____
 Date of Mfg _____
 Home Size _____ Serial No. _____
 Maximum I-Beam Spacing _____
 Door Openings _____
 I-Beam Loading PLF _____
 Maximum End Support (I-Beam) _____
 Ground Moisture Control ___ Yes ___ No
 Mate Line Loads _____
 Grading to Slope **AWAY** From Home _____

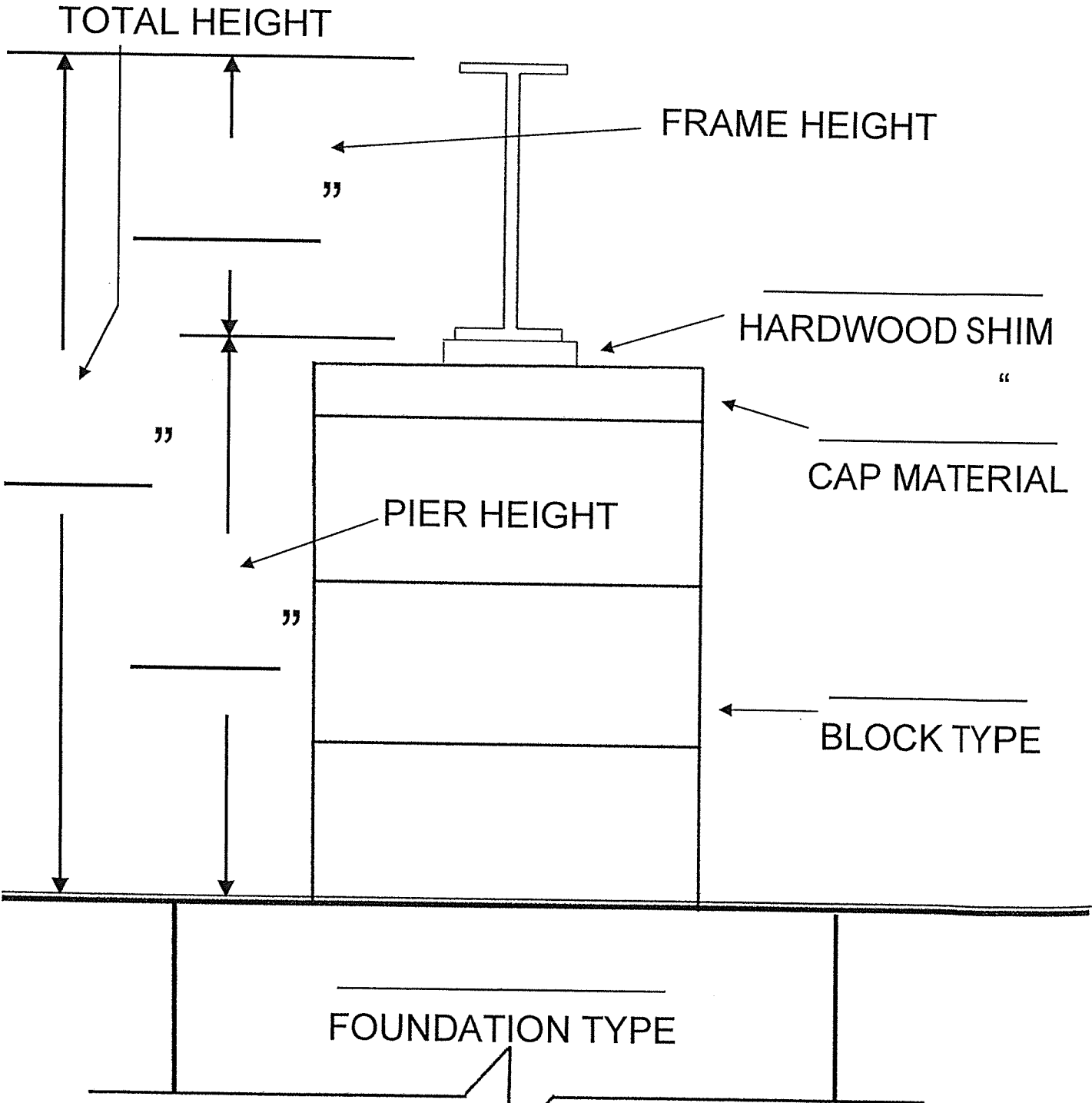
SOIL INFORMATION

Classification No. _____
 Soil Bearing Capacity _____

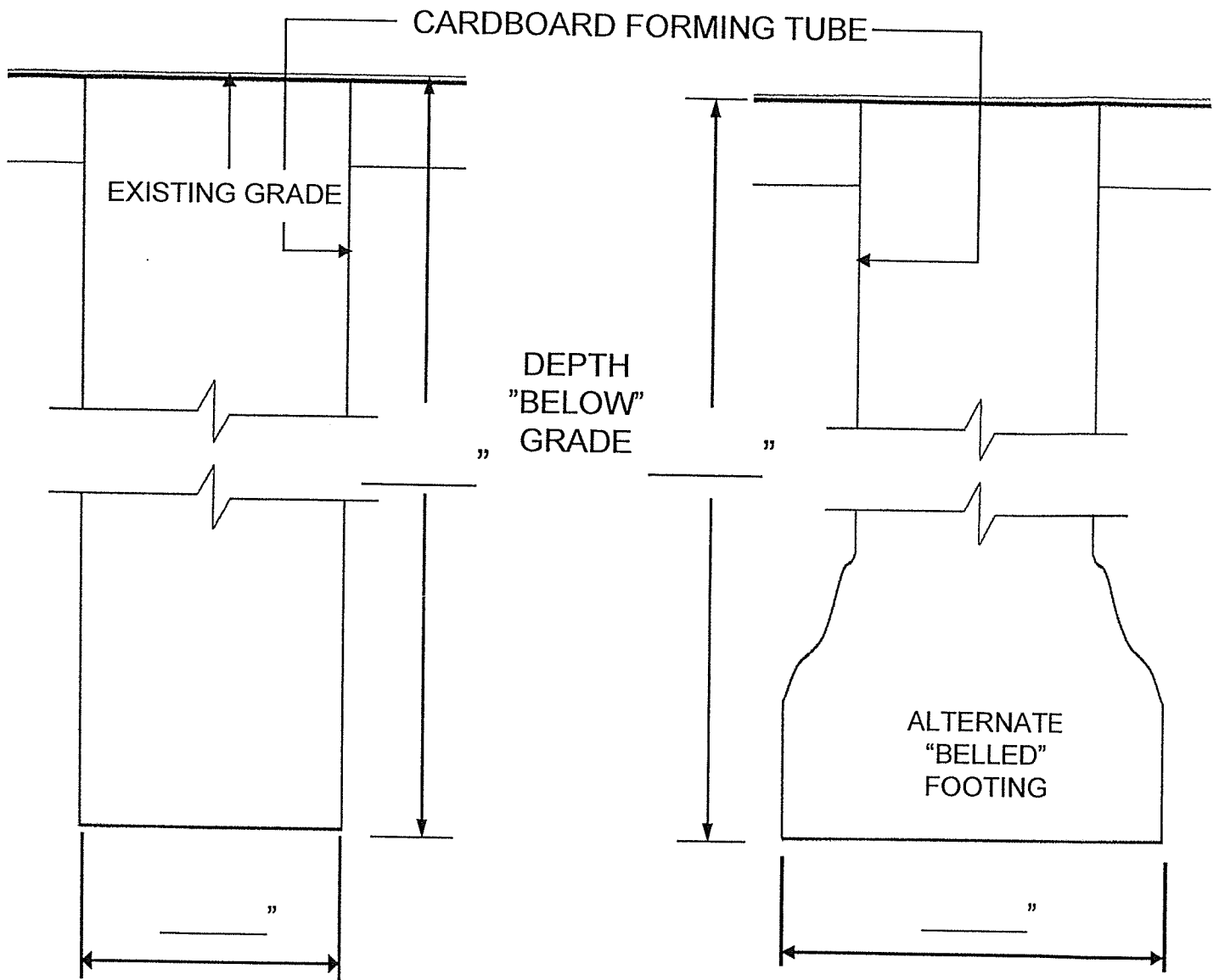
FOOTING INFORMATION

I-Beam _____ x _____ x _____
 Mate Line _____ x _____ x _____

FRAME PIER SECTION VIEW



FROST DEPTH PIER SECTION VIEW



SOIL CLASSIFICATION _____

SOIL BEARING CAPACITY _____ PSF

FOOTING AREA _____ SQ. IN.

SOILS TOTAL LOAD CAPACITY _____

PSI CONCRETE _____

Plan View Landing or Deck

Additions, i.e. porches, decks, or entry landings constructed on-site shall be self-supporting and shall not be attached to manufactured homes. MSBC Chapter 1350.0400, Subp. 3

BEAMS (Typical)

- ___ # of plys. ___" X ___"
 (Check One of the Following)
- .40 ACQ Pressure Treated Wood
 - Cedar
 - Redwood
 - Post to Beam Connector ___ P.N.

SUPPORT POSTS (Typical)

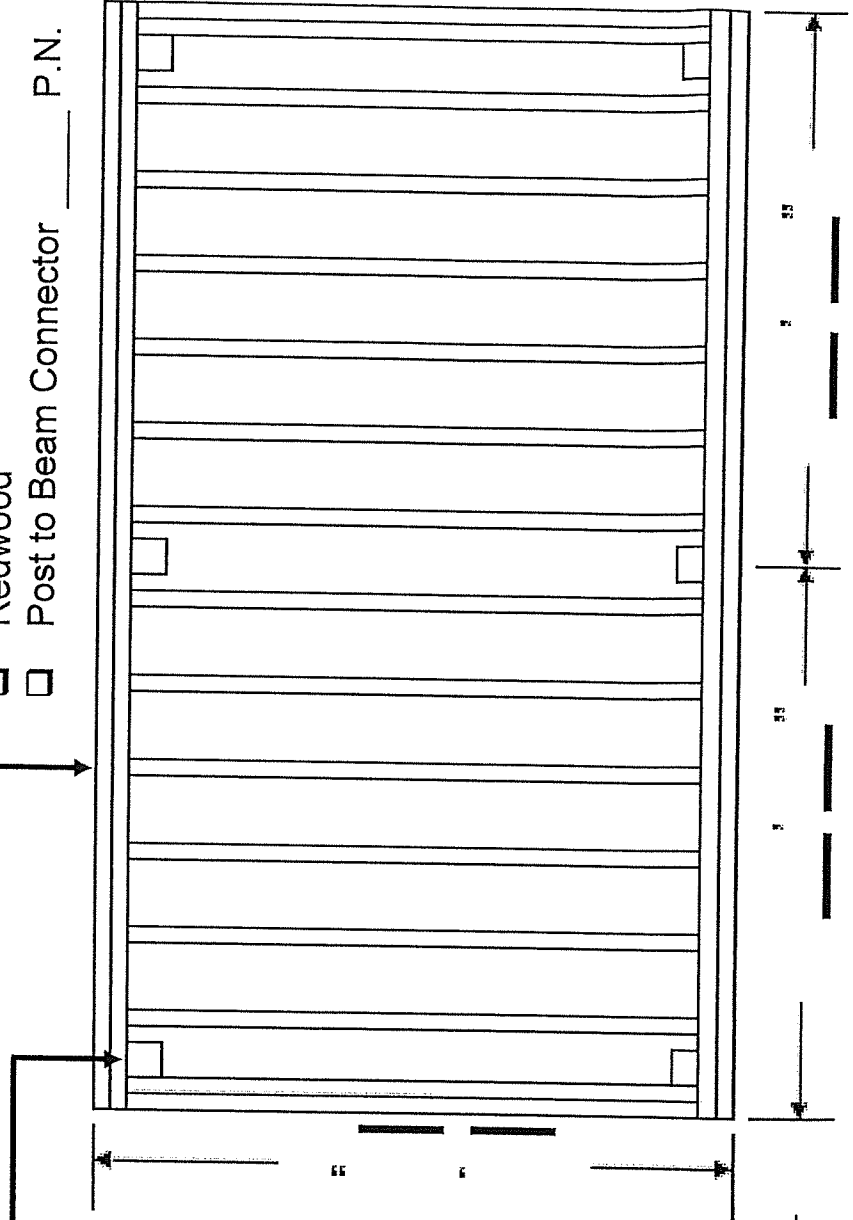
- ___" X ___"
 (Check One of the Following)
- .40 ACQ Pressure Treated Wood
 - Cedar
 - Redwood

JOIST (Typical)

- ___" X ___"
 (Check One of the Following)
- .40 ACQ Pressure Treated Wood
 - Cedar
 - Redwood

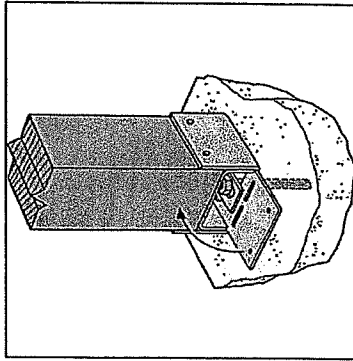
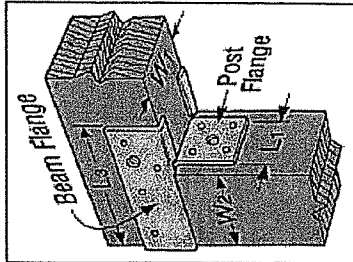
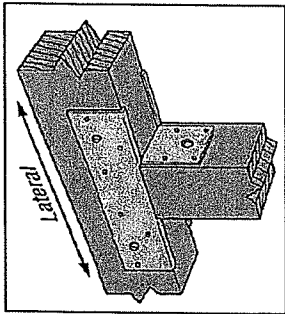
OTHER REQUIRED JOIST INFO.

- ___" On Center Spacing
- Beam to Joist Fastener ___ d # ___
 - Hanger Product # ___



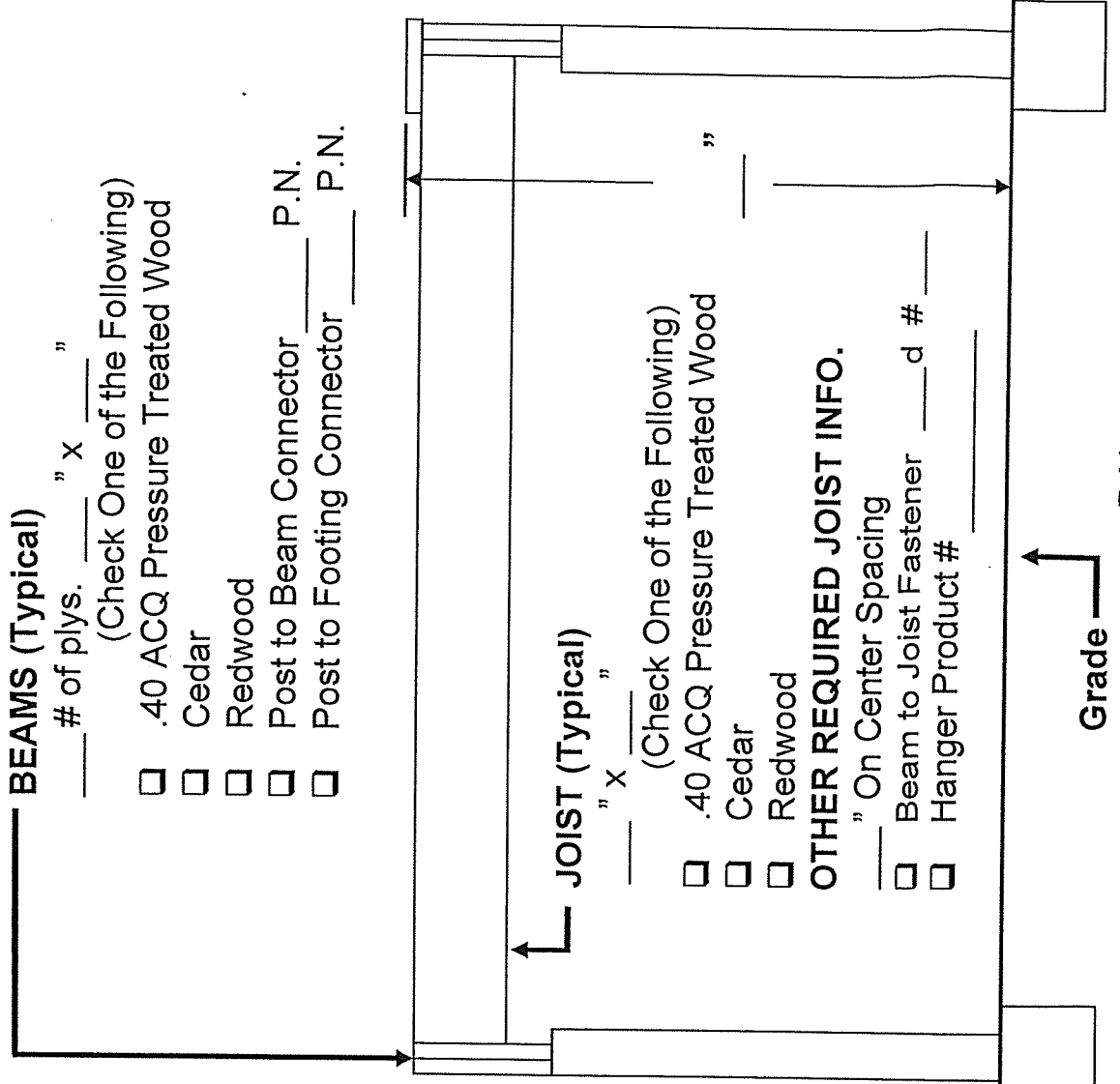
P.N. = Product Number

Landing/Deck Section



BEAMS (Typical) _____ # of plys. _____ " X _____ "
 (Check One of the Following)
 .40 ACQ Pressure Treated Wood
 Cedar
 Redwood
 Post to Beam Connector _____ P.N.
 Post to Footing Connector _____ P.N.

SUPPORT POSTS (Typical) _____ " X _____ "
 (Check One of the Following)
 .40 ACQ Pressure Treated Wood
 Cedar
 Redwood



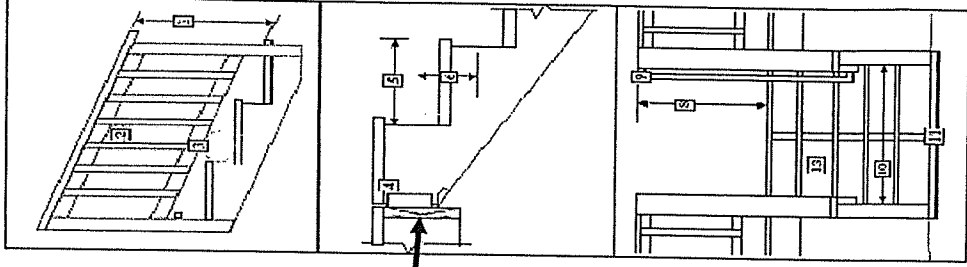
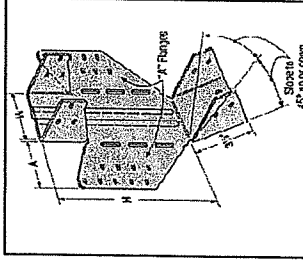
JOIST (Typical) _____ " X _____ "
 (Check One of the Following)
 .40 ACQ Pressure Treated Wood
 Cedar
 Redwood
OTHER REQUIRED JOIST INFO.
 _____ " On Center Spacing
 Beam to Joist Fastener _____ #
 Hanger Product # _____

FOOTING CONFIGURATION _____ " X _____ " X _____ "

Stair/Handrail Section Details

Stair Section

- Stringer size and species;
- Rise and run dimension;
- Tread size and species;
- Riser size and species;
- Stringer to landing connection.



Stair and Landing Requirements

1. Stairways with a total rise of 30 inches or more above grade shall be provided with guards not less than 34 inches high measured from the tread nose.
2. Guards shall have intermediate rails spaced so that a 4-3/8 inch sphere can not pass through.
3. The triangular area formed by the tread and a horizontal bottom rail shall be built to not allow the passage of a 6 inch sphere.
4. Attach stair stringers to the deck with metal straps or hangers.
5. Minimum tread depth is 10 inches. All treads shall be uniform in depth within 3/8 inch from the largest to the smallest. A nosing of 3/4 inch to 1-1/4 inch shall be provided on stairways with solid treads, and the nosings shall also be uniform within 3/8 of an inch from largest to smallest.
6. Maximum riser height is 7-3/4 inches. Risers shall be uniform within 3/8 inch from the largest to the smallest riser.
7. When using composite lumber for stair treads they must be installed with the specified maximum stringer spacing listed in the products testing report.
8. The grippable handrail shall be installed between 34 and 38 inches above the sloped glass formed by the tread nosings of the stairway.
9. Handrails shall be continuous the full length of the stairway and shall either terminate into a newel post or be returned into the guardrail as shown. Provide 1- 1/2 inches clearance between handrail and guard.
10. The minimum width of a stairway is 35 inches. Handrails are allowed to project up to 4-1/2 inches into the minimum allowed width.
11. The bottom of stair stringer shall be supported on a hard level surface like concrete or pavers or shall be provided with treated wood blocks to keep the stringers from sinking into the ground.
12. A level landing measuring a minimum of 36" x 36" shall be provided at the top and bottom of stairways.
13. Open risers shall be constructed as to not allow the passage of a 4 inch sphere.

Guard/Handrails Section

- Rail and post size and species;
- Opening treatment;
- Connections/Fasteners.