

**BUILDING PERMIT/APPLICATION**

Permit # \_\_\_\_\_

**CITY OF WABASHA, 651-565-4568**

**INSTALLATION OF MANUFACTURED HOME**

-----APPLICANT COMPLETE INFORMATION BELOW-----

Name of Manufacture Home Park: \_\_\_\_\_  
 Lot Number: \_\_\_\_\_ ( ) See Attached Plat Map  
 Owner of Unit: \_\_\_\_\_  
 Phone \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Installer: \_\_\_\_\_ License # : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Manufacturer of Unit: \_\_\_\_\_  
 Size of Unit: \_\_\_\_\_ Year of Unit: \_\_\_\_\_  
 Type of Foundation: \_\_\_\_\_ Piers: \_\_\_\_\_ Blocks: \_\_\_\_\_

**ATTACHED INSTALLATION REQUIREMENTS FROM INSTALLER**  
*(i.e. pier or block schedule AND anchor schedule)*

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: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----CITY USE ONLY-----

**ZONING APPROVED BY:** \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING APPROVED BY:** \_\_\_\_\_ Date: \_\_\_\_\_

-----FEES-----

Building Permit Fee: \$80.00 State Surcharge: \$ 5.00

**TOTAL DUE: \$85.00**

**Call CMS for Inspections at 1.800.940.2547**

Paid ( ) Date Issued: _____ Receipt #: _____ Issued By: _____ (initial) _____
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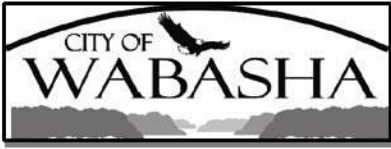
1700 North Broadway • Suite 128  
Rochester, MN 55906  
507-282-8206 • FAX 281-0391

## INSTALLATION OF MANUFACTURED HOME

### INFORMATION NEEDED ON APPLICATION TO PROCESS PERMIT:

1. SIZE \_\_\_\_\_
2. YEAR \_\_\_\_\_
3. MANUFACTURER OF HOME \_\_\_\_\_
4. TYPE OF FOUNDATION  
\_\_\_\_\_ PIERS  
\_\_\_\_\_ BLOCKS
5. ATTACH INSTALLATION REQUIREMENTS FROM INSTALLER  
(i.e. pier or block schedule AND anchor schedule and/or foundation plan)
6. NAME OF INSTALLER (\*) \_\_\_\_\_
7. INSTALLER LICENSE NUMBER \_\_\_\_\_
8. PLUMBER NAME/LICENSE NUMBER \_\_\_\_\_
9. UNIT INSTALLED: ( ) NEW ( ) USED

(\*) If self, Owner must complete "self installer" form



PROPERTY OWNER  
BUILDING PERMIT APPLICANT  
SELF – WAIVER FORM

I, understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, Roofers, Mechanical and Plumbing Contractors obtain a state license unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at \_\_\_\_\_, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minn. Stat 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting; remodeling; and/or roofing activity is a misdemeanor under Minn. Stat. §326B.082, subd.16 and can also result in a fine of up to \$10,000. I further state that I understand that filing of a false statement with the City of Wabasha may also result in criminal prosecution and/or civil penalties pursuant to applicable city ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City of Wabasha for compliance with all applicable building codes and city ordinances in connection with the work being performed on this property.

\_\_\_\_\_  
Print name - Owner

\_\_\_\_\_  
Signature - Owner

\_\_\_\_\_  
Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division at: (651) 284-5069. The web site is: [www.doli.state.mn.us/contrator](http://www.doli.state.mn.us/contrator) .