

CITY OF NICOLLET

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 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	STATE	ZIP CODE	CITY
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 #