



City of Burnsville

100 Civic Center Parkway
Burnsville, Minnesota 55337-3817

MANUFACTURED HOME INSTALLATION INFORMATION SHEET

Phone: 952-895-4444
FAX: 952-895-4512
www.burnsville.org

DATE: _____

NAME OF PARK: _____

SITE ADDRESS: _____

INSTALLER: _____ INSTALLER'S LICENSE# _____

TELE #: (_____) _____ CELL #: (_____) _____

DEALER / HOMEOWNER: _____ DEALER LICENSE # _____

MAKE OF HOME: _____ SIZE: _____

HOME SERIAL NUMBER: _____ DATE OF MANUFACTURE _____

NEW / REINSTALLED TEMPORARY WINTER SET-UP FULL INSTALLATION
(SELECT ONE)

REQUIRED FOR RE-INSTALLED HOMES ONLY: WIND LOAD ZONE _____

ROOF LOAD ZONE _____ HEATING/COOLING ZONE _____

REQUIRED ITEMS TO BE SUBMITTED WITH APPLICATION:

ACCURATE SITE PLAN: NOTE SETBACKS _____

SOILS REPORT: A MINIMUM OF 2 ENGINEERED SOIL BEARING CAPACITY TESTS _____

DRAWINGS INDICATING ALL DECK, STAIR, LANDING, GUARDRAIL AND HANDRAIL CONSTRUCTION DETAIL _____

SKIRTING MATERIALS AND VENTILATION AMOUNT AND METHODS DESIGN _____

MANUFACTURER'S ANCHORING SPECIFICATIONS: HOME & SITE SPECIFIC _____

ANCHORING EQUIPMENT MODEL# _____ INSTALLATION INSTRUCTIONS _____

MANUFACTURER'S SUPPORT LAYOUT AND SPACING DESIGN: HOME & SITE SPECIFIC _____

STATE SEALS: A-1 _____ S-1 _____

TIP-UP ROOF DESIGN: YES NO **(FRAMING INSPECTION REQUIRED)**

ENGINEERED FROST DEPTH FOOTING DESIGN _____

ENGINEERED AT GRADE SLAB DESIGN _____

SIGNATURE _____

NOTICE: PLEASE ATTACH THIS WITH THE SINGLE FAMILY PERMIT APPLICATION WHEN APPLYING FOR NEW MOBILE HOME SERVICE. PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS FOR PROCESSING.