



MANUFACTURED HOME DECK IN PARK Permit Application

Office Use Only
APPLICATION NO.: _____

City of Stewartville Township of _____

Related Records: _____

MANDATORY SUBMITTAL INFORMATION:

1. **2 Copies of site plan** - including distance from other structures, property lines, public streets, easements, septic tanks, drainfields and all wells
2. **2 Sets of drawings with specifications** – per type of structure

Site Address: _____					
	Number	Street	City / State	Zip	
TOWNSHIP/SECTION	SUBDIVISION or METES & BOUNDS DESCRIPTION			BLOCK	LOT
			PLAT	PARCEL	

Applicant: Property Owner Contractor Other describe: _____

Deck Dimensions/Total Square Footage: _____

PROPERTY OWNER	Name _____	Phone (____) _____	
	Last First MI	Work / Residence	
	Address _____	Fax (____) _____	
	Number Street		
	City _____	State _____	Zip Code _____
	E-mail _____		

CONTRACTOR/ OTHER	Company _____	Phone (____) _____	
	Last First MI	Work / Cellular	
	Contact _____	Fax (____) _____	
	Address _____	State Lic. No. _____	
	Number Street	Expires: ____ / ____ / ____	
	City _____	State _____	Zip Code _____
	E-mail _____		
	EPA Lead Abatement Cert. No.: _____		

ARCHITECT/ DESIGNER/ ENGINEER	Company _____	Phone (____) _____	
	Last First MI	Work / Cellular	
	Contact _____	Fax (____) _____	
	Address _____	Registration No. _____	
	Number Street	(State of MN)	
	City _____	State _____	Zip Code _____
	E-mail _____		

CONTRACTORS	COMPANY NAMES:		
	Well: _____	New ____	Existing ____
	Septic: _____	New ____	Existing ____
	No. Bedrooms (Including Future): _____	Garbage Disposal: Y __ N __	

CONTRACTORS	Footing: _____
	Poured Wall: _____

I hereby apply for a manufactured home park permit, and I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and **work is not to start without a permit**. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the County of Olmsted. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.

Applicant's Signature: _____ **Date** ____ / ____ / ____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

MANUFACTURED HOME PARK REVIEW (For Parks Only)

Lot No.: _____

Comments: _____

Approved by: _____ Date: _____
(Owner or Manager)

OLMSTED COUNTY PUBLIC HEALTH SERVICES REVIEW – 2100 Campus Drive SE Suite 100, Rochester, MN 55904
(Include a site plan showing the proposed structure, with distances to buildings, lot lines and roadways.)

Comments: _____

Reviewed for consistency with Minnesota Law M.S.327:

By: _____ Date: _____

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**ZONING
REVIEW**

Zoning District: _____ Site Plan: _____ Acres: _____
Required Setbacks: Front _____ Side _____ Rear _____ Side Street _____
Comments: _____
Zoning Administrator: _____ Date: ____/____/____

**BUILDING
REVIEW**

Comments: _____
Building Inspector: _____ Date: ____/____/____

APPLICATION APPROVED BY: _____ Date: ____/____/____

BUILDING OFFICIAL