



City of Albert Lea
Community Development
Albert Lea, MN 56007
Phone: 507-377-4340
www.cityofalbertlea.org

MANUFACTURED HOME Permit Application

Office Use Only

Permit # _____

Date _____ This manufactured home is being installed: In a Park On a private lot

Work Site Address _____
Number Street Suite/Unit No.

Subdivision and/or Addition

Block

Lot

Parcel

Applicant is: ☐ Owner ☐ Contractor/Installer ☐ Other (describe) _____

Owner

Name _____ Phone _____ - _____ - _____
Last First MI

Address _____ Email _____

City _____ State _____ Zip Code _____

Contractor/ Installer

Company _____ Installer Lic. # _____

Phone _____ - _____ - _____ E-mail _____

Name _____
Last First MI

Address _____

City _____ State _____ Zip Code _____

New Home Installation

Manufacturer _____ Mfr. Date _____

Model _____ Size _____ Serial No. _____

Is this the first time a home is being installed on this lot? ☐ Yes ☐ No

The manufactured home shall be installed by an installer licensed by the State of Minnesota. The installation shall be in accordance with Minnesota Rules (M.R.) Chapter 1350 and the manufacturer's instructions. Additional permits may be required for the water, sewer, gas piping, air conditioner, and electrical connections.

Description of Work

Description of Other Work (If not new home)

Total valuation of work \$ _____ (installation and hookup costs only—do not include value of manufactured home)

I hereby apply for a manufactured home permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and Albert Lea Code of Ordinances Chapters 26 and 50. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify 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 City of Albert Lea. 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 – Office Use Only

ZONING REVIEW COMMENTS

☐ Site Plan

Zoning District _____

Flood Protection Required _____

Flood District _____

Flood Protection Elev. _____

Comments: _____

Final Zoning Review Required ☐ Yes ☐ No

Zoning Approved by: _____
Examiner Signature Date

FEE INFORMATION

Permit Fee \$ _____

Plan Review Fee \$ _____

State Surcharge \$ _____

Additional Fee \$ _____

Waived Fee \$ _____

Permit Total \$ _____

Permit approved by _____ **Date** _____

All permit applications may be mailed to:

City of Albert Lea
Attn: Development Services
221 E Clark St
Albert Lea, MN 56007

Or emailed to one of the following:

cmaras@ci.albertlea.mn.us
rrice@ci.albertlea.mn.us
bskogheim@ci.albertlea.mn.us
wsorensen@ci.albertlea.mn.us