

## Manufactured Home Installation Compliance Certification

PRINT IN INK or TYPE your responses.

Mail a copy to MN CCLD within 7 days of completion of installation.

### General Information

HOMEOWNERS NAME			COUNTY
HOME LOCATION/ADDRESS			CITY
MANUFACTURED HOME BRAND	MODEL	SERIAL NUMBER OF HOME	DATE OF MANUFACTURE
HUD or STATE LABEL(S) NUMBER (S) <i>(If home was manufactured prior to July 1, 1972, no label number required.)</i>			
Is the home located in a park? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Park		
Building Permit Required? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> City or <input type="checkbox"/> County <input type="checkbox"/> Township	Inspection of installation completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Inspection	

### Support System

Support System Seal Number:	Foundation Type: <input type="checkbox"/> Ground Block <input type="checkbox"/> Frost Depth Piers <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace w/frost ftg. <input type="checkbox"/> Engineered Slab <input type="checkbox"/> Other Approval Alternate      Alternate approval number: _____		
Soil Bearing Capacity (p.s.f.)	Method of verification	DATE OF INSTALLATION	

**Support System Items of Utility Work:** *(Enter completed by, if installer state installer, if homeowner state homeowner, if other give name of person, company name, license number if known.)*

Sewer:	Tested:
Water:	Tested:
Gas:	Tested:
Electrical: <i>(By licensed electrical contractor or homeowner) (Park installation requires electrical contractor.)</i>	Tested:

### Other Items Included in Installation Contract:

<input type="checkbox"/> Home Stand/Pad	<input type="checkbox"/> Lot grading	<input type="checkbox"/> Skirting (Type): _____	<input type="checkbox"/> Exterior Stairs/Landings	How many?
Other Items:				

*I hereby certify that the Support System on the Manufactured Home listed has been completed in accordance with the manufacturers instructions and the Minnesota State Building Code.*

MN REGISTRATION NUMBER <b>MI-</b>	INSTALLER COMPANY NAME	LICENSED/REGISTERED INSTALLERS SIGNATURE:
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### Anchoring System

Anchor System Seal Number:	ANCHOR MANUFACTURER'S NAME	MODEL-PART/PRODUCT NO.	DATE OF INSTALLATION
Soil Anchors <input type="checkbox"/> No <input type="checkbox"/> Yes	Test Probe Torque Value (inch lbs.)	Concrete Anchors: <input type="checkbox"/> No <input type="checkbox"/> Yes	Other anchor system: <i>(Give approval numbers &amp; describe other approve anchoring system)</i>

*I hereby certify that the Anchoring System on the Manufactured Home listed has been completed in accordance with the manufacturers instructions and the Minnesota State Building Code.*

MN REGISTRATION NUMBER <b>MI-</b>	INSTALLER COMPANY NAME	LICENSED/REGISTERED INSTALLERS SIGNATURE:
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If anchoring of the home completed by others indicate name and address of responsible party for the required anchoring.