

MN Installation Seal Number _____

Manufactured Home Installation Compliance Certificate

**Compliance Certificate must be filed with
CCLD within 7 days of completion of the
installation or re-installation work.**

Print in Black Ink or Type

HOMEOWNER NAME		COUNTY	
HOME LOCATION/ADDRESS		CITY/ZIP CODE	
MANUFACTURED HOME BRAND	MODEL	SERIAL NUMBER	DATE OF MANUFACTURE
HUD or STATE CONSTRUCTION SEAL NUMBER(S)		IS HOME LOCATED IN MANUFACTURED HOME COMMUNITY? YES <input type="checkbox"/> NO <input type="checkbox"/> COMMUNITY NAME _____	
INSTALLATION IN AREA WITH LOCAL BUILDING OFFICIAL? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NO, SEE NEXT LINE BELOW)		BUILDING OFFICIAL NAME	DATE OF INSPECTION (Footing)
NAME OF 3 RD PARTY INSPECTOR/PLAN REVIEWER		LICENSE NUMBER	DATE OF INSPECTION (Final)
FOUNDATION TYPE: GROUND BLOCK <input type="checkbox"/> FROST PIERS <input type="checkbox"/> FULL BASEMENT <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> ENGINEERED SLAB <input type="checkbox"/> OTHER APPROVED ALTERNATE <input type="checkbox"/> ALTERNATE DESIGN APPROVAL NUMBER: _____			
SOIL BEARING CAPACITY (PSF)		METHOD OF SOIL TESTING	DATE OF HOME INSTALLATION
ANCHOR MANUFACTURER		MODEL-PART/PRODUCT #	
Items of Utility Work: (enter the information for who completed the work identified below. If installer, identify installer. If Homeowner, identify Homeowner, etc. If work was completed by company (other than local utility) provide company name, address and license number.)			
Sewer Connection:		Date Tested:	
Water Connection:		Date Tested:	
Gas Connection:		Date Tested:	
Electrical Connection:		Date Tested:	

Other Items Included in the Installation Contract:

- Site Preparation, Grading and Drainage
 Frame (Support) Pier Blocking
 Stairs/Decks/Landings, or Handrails
 HVAC Connections/Crossovers
 Anchoring (Includes anchors and straps)
 Skirting
 Module Connections
 Footings
 Other _____

If home is requiring re-installation (corrections) resulting from refinancing or new mortgage on a used home as part of a sales transaction, please provide the following information. NOTE: Licensed Installer is responsible to affix the new installation seal to the home for the re-work performed and file a copy of this form with the State.		
Original Seal Number	Date of re-installation (corrections):	Inspection Date:
Inspections completed by: Local Building Official <input type="checkbox"/> 3 rd Party Insp. <input type="checkbox"/>	Name of Inspector:	License Number

I hereby certify the installation of the manufactured home listed above has been completed in accordance with the manufacturers installation instructions pertaining to this home and within the requirements of the Minnesota State Building Code

Date Signed	License Number:	Installer Name	Licensed Installer Signature
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