



**City Of Wyoming - Department Of Building Safety**

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-0576

**Application For Building Permit (Manufactured Home Alteration)**

**NOTE: There is a penalty for construction prior to issuance of the permit.(All fees must be paid).**

**Please Print**

Site address \_\_\_\_\_  
Address & Lot # City State Zip

Park Name \_\_\_\_\_

Home Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contractor Name \_\_\_\_\_ License # \_\_\_\_\_  
PLEASE PRINT

Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip

Phone (\_\_\_\_) \_\_\_\_\_

Building Size \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Sq. Ft.

Manufactured Home Width Single / Double

Valuation of completed work \$ \_\_\_\_\_ (Labor and materials)

Desired start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete the attached Minnesota Building Codes and Standards Division Form #A-1, and provide those documents that apply to this alteration as listed on the form.

The undersigned agrees to do all work in conformance with The Minnesota State Building Code and herewith declares that all facts and representations on this application are true and correct.

**THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DEPT. WHEN READY FOR INSPECTIONS.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

APPROVED / DISAPPROVED By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Official

Permit # \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_