

Manufactured Home Community Construction Affidavit

Michigan Department of Labor & Economic Growth

Bureau of Construction Codes

Building Division

P.O. Box 30254

Lansing, MI 48909

517-241-9317

www.michigan.gov/bcc

NAME OF COMMUNITY

LICENSE NUMBER

COUNTY

Authority: 1987 PA 96
Completion: Voluntary
Penalty: Failure to complete may result in denial of application

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

We the undersigned have personally inspected the construction of home site numbers _____ for a total of _____ sites and certify, pursuant to Section 14 of 1987 P.A. 96, as amended and R125.2314n of the Michigan Administrative Code, that all work has been completed in accordance with the plans, specifications and changes, if any, that were approved under Permit to Construct Number _____ dated _____.

We certify that the following conditions have been met pursuant to R125.1214n(1) of the Michigan Administrative Code:

Internal roads servicing the completed home sites; home site individual sidewalk; common sidewalks, if provided, servicing the completed home sites; parking servicing the home site; patios, if provided; permanent foundations; internal road lighting servicing the sites identified above and stabilization of the soil on the sites identified above to prevent erosion and soil runoff are completed.

We further certify that the conditions of any approved variance have been met and a copy of the order is attached. If applicable, department approval for home site customization after licensing is also attached.

Approval of the application for licensing additional sites is contingent on the proper execution of this affidavit.

Community Owner / Operator

Engineer / Architect

PRINT

PRINT

SIGNATURE

SIGNATURE

ADDRESS

ADDRESS

TELEPHONE NUMBER (Include Area Code)

MICHIGAN REGISTRATION NUMBER

DATE

DATE

Subscribed and sworn before me, this ____ day of _____, 20 ____.

A Notary Public in and for _____ County, Michigan.

Signature of Notary Public _____

Printed Name _____

My Commission expires on _____