

**Application for Manufactured Housing Community Plan Examination and Permit**

Michigan Department of Labor & Economic Growth  
 Bureau of Construction Codes / Plan Review Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9328  
 www.michigan.gov/bcc

Agency Use Only

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Authority: 1972 PA 230 Completion: Voluntary Penalty: Plans will not be reviewed	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.
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**Note: The applicant is responsible for all fees applicable to this application.**

**COMMUNITY NAME**

COMMUNITY NAME	STREET / SITE ADDRESS
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH THE MANUFACTURED HOME COMMUNITY IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township    Of: _____	COUNTY

**DEVELOPMENT INFORMATION**

Manufactured Housing Community                       Manufactured Housing Condominium

Project Type	Development No.	Existing Permit No.	License No.	Addendum No.	No. of Sites	Site Sequence
<input type="checkbox"/> New						
<input type="checkbox"/> Alteration						
<input type="checkbox"/> Expansion						
<input type="checkbox"/> Plans Change / Addendum						
<input type="checkbox"/> Renewal						
<input type="checkbox"/> Conversion						

**ENGINEER / ARCHITECT**

ENGINEER'S / ARCHITECT'S NAME (Company or Individual)		MICHIGAN LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE

**APPLICANT (Note: All correspondence will be sent to this address)**

NAME OF DEVELOPER	APPLICANT NAME	SOCIAL SECURITY NUMBER* OR FEIN (REQUIRED)	TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE
			FAX NUMBER (Include Area Code)

**CERTIFICATION AND SIGNATURE**

I certify the statements contained in this application are true and I have authority to sign this application and to make the statements contained herein. Any misleading, incomplete or false statement shall be grounds for denial of this application.

I agree any legal process affecting this business, served on the Manufactured Housing Commission, shall have the same effect as if personally served on me and all other owners of this business if any. I further agree this appointment shall remain in force as long as any liability of this business shall remain outstanding within the State of Michigan.

I hereby designate as my agent (name) \_\_\_\_\_ (address) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 who will act on behalf of the entity I represent on matters pertaining to this project. (If no agent is designated, the undersigned shall be considered the designated agent.)

APPLICANT SIGNATURE (Must be an original signature)	DATE
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Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a Notary Public in and for \_\_\_\_\_ County, Michigan.  
 Signature of Notary Public \_\_\_\_\_ My Commission expires: \_\_\_\_\_, 20\_\_\_\_.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
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**Instructions for Application for Manufactured Housing Community Plan Examination and Permit**

**Community Information:** Provide all requested information. Mark the appropriate box (city, village or township) and state the name of the governmental subdivision where the community is located; not the post office location.

**Development Information:** Check the appropriate box and complete all requested information.

**Project Architect/Engineer:** Provide all requested information.

**Applicant:** Provide all requested information with an original signature. All correspondence will be sent to this address and this entity will be responsible for all fees.

**Required Submittals for Plan Review**

For each separate community, submit completed application, the appropriate fee made payable to the **State of Michigan** and the required number of construction documents under R125.1906 to R125.1909 with **original seals and signatures** in accordance with 1980 PA 299. Additionally, submit a soil analysis statement, evidence of title to the property and copies of easements. If there are no easements, then submit a statement to that effect.

**Required Fees and Construction Documents**

<b>Project Type</b>	<b>Fee</b>	<b>Construction Documents</b>
<b>Manufactured Housing Community</b>		
Alteration	\$50.00 Minimum	1 set of documents
Expansion	\$185.00 plus \$4.00 per home site in excess of 25 sites to be constructed to a maximum of \$1,000.00	1 set of documents
New	\$185.00 plus \$4.00 per home site in excess of 25 sites to be constructed to a maximum of \$1,000.00	1 set of documents
Plans Change	\$50.00 Minimum	2 sets of documents
Renewal	\$185.00 Minimum	No documents necessary
<b>Manufactured Home Condominium</b>		
New	\$505.00 plus \$4.00 per condo site in excess of 25 sites to be constructed	1 set of documents
Expansion	\$505.00 plus \$4.00 per condo site in excess of 25 sites to be constructed	1 set of documents
Conversion	\$505.00 plus \$4.00 per condo site in excess of 25 sites to be constructed to a maximum of \$1,480.00	1 set of documents

**Upon Receipt of All Applications**

Written confirmation will be sent to the applicant. Further correspondence, concerning the requested plan reviews, will be sent to the applicant and project architect/engineer, if one is provided. Permit to Construct and approved construction documents will be shipped to the applicant only.

Validation Area

**U.S. Postal Service**

Michigan Dept. of Labor & Economic Growth  
 Bureau of Construction Codes  
 Plan Review Division  
 P.O. Box 30255  
 7150 Harris Drive  
 Lansing, MI 48909

**Courier Other Than U.S. Postal Service**

Michigan Dept. of Labor & Economic Growth  
 Bureau of Construction Codes  
 Plan Review Division  
 2501 Woodlake Circle  
 Okemos, MI 48864