

Mobile Home Park Construction Affidavit
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Licensing Section
P.O. Box 30254, Lansing, MI 48909
517-241-9316
www.michigan.gov/bcc

NAME OF PARK

LICENSE NUMBER

COUNTY

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

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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.

Park 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 _____