

10 YEAR MH INSPECTION APPLICATION

Date: _____ Permit# _____

Location Address: _____

City/County: _____ Subdivision: _____

Applicant Name: _____ Phone: _____

Property owner/Address: _____

Former Site Location: _____

Year/Make: _____ Size: _____

Serial #: _____ Value: _____

Bedrooms: _____ Bathrooms: _____ Hear/Air: _____ Fireplace: _____

Ext. Wall: _____ Roofing: _____ Foundation: _____

Culvert: _____

Installer: _____

Electrical Contractor: _____

Plumbing Contractor: _____

Mechanical Contractor: _____

Power Company: _____

- All contractors must be state licensed and have a copy on file in this office.
- Inspection must be completed by this office prior to occupancy.
- Any manufactured home that is over 10 years old requires an inspection prior to the Move On Permit being issued.

Applicant Signature: _____ Date: _____