

**TOWNSHIP OF TOBACCO
MOBILE HOME INSPECTION FORM**

INSPECTION REQUIREMENT: (1) Mobile Homes located in the township shall be inspected **PRIOR** to moving to another parcel or lot in the township. (2) Mobile Homes being moved into the township will, generally, be inspected **PRIOR** to moving it into the township. Under unusual circumstances, the Zoning Administrator may authorize the mobile home to be inspected after being moved into the township, but **PRIOR** to installation. Owner must sign a statement that it is understood that if the trailer fails inspection, that it must be removed from the township within 5 days after inspection. This is a visual inspection to determine general condition and appearance of structure. It is NOT a safety, building or health code inspection.

INSTRUCTIONS: Mobile Homes must be inspected before a zoning permit can be issued for their set up. All such homes must meet the size requirements of the appropriate zoning district. This inspection form must be submitted with photographs of the structure as follows: 2 photographs showing the exterior of the structure; 1 photograph of each kitchen and bathroom; 1 photograph of the living room and each bedroom. The Zoning Administrator will determine if the zoning permit will be issued based on the structure's condition. **APPLICANT MUST ALSO OBTAIN COUNTY BUILDING PERMITS AND COUNTY HEALTH DEPT PERMITS.**

APPLICANT INFORMATION

Applicant Name: _____
 Address: _____
 City, State, ZIP: _____
 Phone: Home: _____ Cell: _____ Work: _____

Structure Information:

Make and Year Built: _____ Number of Bedrooms: _____
 Length, less tongue: _____ Serial Number: _____
 Width, less additions: _____ Sq feet, living space: _____

HUD Certification

HUD certified that the structure meets requirements for zone _____

Exterior Condition (Check all that apply)

Siding Material: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Bent <input type="checkbox"/> Faded <input type="checkbox"/> Signs of leaking, warping or rot <input type="checkbox"/> Structurally sound <input type="checkbox"/> Unsound (explain in remarks)	Roof Material _____ <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pitched <input type="checkbox"/> Domed <input type="checkbox"/> Signs of leaking, warping or rot <input type="checkbox"/> Structurally sound <input type="checkbox"/> Any overhang _____ inches <input type="checkbox"/> Unsound (explain in remarks)
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Windows Type Sash Crank Out Other _____
 Complete Incomplete
 Frame _____
 Signs of leaking, warping or rot
 Structurally sound
 Unsound (explain in remarks)

Overall visual condition of exterior: **POOR 1 2 3 4 5 6 7 8 9 10 GOOD**

Exterior Condition Remarks _____

Interior Condition (Check all that apply)

Walls <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Remodeled <input type="checkbox"/> Patched <input type="checkbox"/> Serviceable	Ceiling <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Remodeled <input type="checkbox"/> Patched <input type="checkbox"/> Serviceable
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Interior Condition (continued)

Walls Signs of leaking, warping or rot
 Unsound (explain in remarks)

Ceiling Signs of leaking, warping or rot
 Unsound (explain in remarks)

Floors Complete Incomplete
 Remodeled Patched
 Serviceable Signs of leaking, warping or rot
 Unsound (explain in remarks)

Overall visual condition of Interior POOR 1 2 3 4 5 6 7 8 9 10 GOOD
Overall visual condition of carpeted floors POOR 1 2 3 4 5 6 7 8 9 10 GOOD
Overall visual condition of other floors POOR 1 2 3 4 5 6 7 8 9 10 GOOD

Interior Condition Remarks: _____

Mechanical, Plumbing, Electrical

Furnace Oil
 Gas
 Electric
 Other _____
 Operational
 Unsound (explain in remarks)

Electrical Fuzes
 Circuit breakers
 Copper wiring
 Aluminum wiring
 Amp Service _____
 Unsound (explain in remarks)

Plumbing Plastic Copper
 Other _____
 Signs of leaking or rot
 Unsound (explain in remarks)

Overall visual condition of furnace POOR 1 2 3 4 5 6 7 8 9 10 GOOD
Overall visual condition of electrical POOR 1 2 3 4 5 6 7 8 9 10 GOOD
Overall visual condition of plumbing POOR 1 2 3 4 5 6 7 8 9 10 GOOD

Frame work and sub-floor

Does the frame show signs of warping, bending or twisting Yes No
Is the sub-floor intact with no signs of leaking, warping or rot Yes No

Frame and Sub-floor Remarks _____

Inspector's Certification

I certify that I personally inspected the structure identified hereon and personally completed this form. All of the information I completed on this form is true and accurate to the best of my knowledge and belief.

Inspector's Printed Name

Inspector's Signature

Inspection Date