INSPECTOR'S CHECKLIST - FOOTING INSPECTION

(An **Open Hole** inspection in preparation for concrete or other approved footing.)

Ohio Manufactured Homes Commission
5650 Blazer Parkway, Suite 100, Dublin, Ohio 43017
Phone: (614) 734-8454 • Fax: (614) 734-8531
Website: http://www.omhc.ohio.gov/

JOB ADDRESS: _____

DEALER: _____CITY: _____COUNTY: _____

INSTALLER (Footing) _____LICENSE #: _____

INSTALLER (Set or General): _____LICENSE #: _____

MANUFACTURER: _____ SERIAL #: _____

DATE OF MANUFACTURE: _____THERMAL ZONE: _____

HUD#: _____

INSPECTION REFERENCE USED: Manufacturer's Installation Instructions: _____Ohio Manufactured Home Installation Standard: _____
Registered Architect's OR Engineer's Drawings: _____ Designer's Name / Seal Number: _____

VERIFY THAT THE FOLLOWING ITEMS HAVE BEEN INSTALLED TO APPROVED PLANS AND REFERENCE:

1) Yes____No____ N/A ____ Flood Hazard Area, IF YES USE FLOOD HAZARD CHECKLIST

2) Yes____No____ Footing Depth for Frost Protection OR Other Frost Protection Method per 4781-6-02.3 or Designed Slab/Runner

Specify: _____ Inches OR Slab/Runner Plan: _____ OR Other: _____

3) Yes____No____ N/A ____ Pier Footing Location and Spacing Footing Style: Poured _____ Precast, ABS, Or Other_____
4781-6-02.3(L)

4) Yes____ No____ N/A ____ Footing Perimeter Wall per 4781-6-02.

5) Yes____No____Marrage Line 4781-6-02.

6) Yes____No____ Footing Size per Referenced Standard 4781-6-02.

7) Yes____No____ N/A_____ Rebar / Other Reinforcement IF Required 4781-6-02.

8) Yes____No____ Reinforcement Properly Positioned 4781-6-02.

9) Yes____No____ Meets Design Assumptions for Bearing 4781-6-02.

10) Yes____ No____N/A ____ Meets Design for Fill or Disturbed Soils Soil Bearing Capacity as Stated by Contractor: _____
4781-6-02.2(B)

REMARKS_____

☐ Approved
☐ Disapproved

MFG. Homes Inspector OR Sanitarian (Signature) Certification # Date