



**OMHC BUILDING/HEALTH DEPARTMENT
APPLICATION**

Ohio Manufactured Homes Commission
5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017
Phone: (614) 734-6010 • Fax: (614) 734-6012
Website: <http://www.omhc.ohio.gov/>

Mail application to :
OMHC
5100 Parkcenter Ave., Suite 103
Dublin, Ohio 43017

There is no fee for this application.

Step 1 BASIC INFORMATION

- A. Name of Department: _____
- B. If services are provided by another political subdivision or a third party inspection agency provide that name:

- C. Mailing Address: _____

City: _____ State: _____ Zip: _____
Telephone number _____ Fax number _____
Email address: _____
- D. Location of permit facilities (if different than above):
Address: _____
City: _____ State: _____ Zip: _____
Telephone number _____ Fax number _____
Email address: _____
- E. Name and Title of Contact Person*:
_____ Title _____
Telephone Number (include area code): _____
Fax Number (include area code): _____
Email address: _____
***Note:** This is the person who will be responsible for coordinating the Department's participation in the program.
- F. Date Department was established _____

Step 2 Personnel Attachments (all of the following must be attached):

- A. Provide the name, address, telephone number, of the Manufactured Home Inspectors to be providing inspections. At least one Manufactured Home inspector plus a back up must be either directly employed or under contract. If not direct employee, provide copy of the contract.
- B. Provide the name address, telephone number of the Electrical Safety Inspector (ESI) and copy of the ESI certificate. ESI must be either directly employed or under contract. If not direct employee, provide a copy of the contract.
- C. Provide the name, address, telephone number, of the Plans Reviewer.
- D. Provide the name, address and telephone number of individuals who will receive the permit requests and of the **one** person who will be responsible for the security of the OMHC inspection seals and responsible to provide the annual operational report.
- E. Copies of Personnel Contracts, if any.

Step 3 Department Certifications:

A) Is this Department Board of Building Standards Certified for either OBC or RCO? Yes No

IF YES, provide a copy of the Certification(s) by BBS including any conditions or restrictions.

IF NO, what type of department is this?

- Building, but not BBS certified Zoning Planning Flood Hazard Health Dept
 Other, explain _____

Step 4 Documents to be Submitted with this Application:

- Ordinance/Resolution Requesting Certification for Manufactured Homes Inspections
- Ordinance/Resolution Authorizing Contracts (if any)
- Inspection and Plans Review Procedures
- Provide detailed information regarding the geographic area of coverage such as a map and the name of the political subdivisions or jurisdictions included

- If not Board of Building Standards Certified, please provide the additional documents below:**
 - Ordinance/Resolution creating department
 - Operating budget for the current fiscal year and population data from last census
 - Department organizational chart

Step 5 Affirmation:

I, _____ the undersigned, representing the local authority having jurisdiction in this application, affirm that the information given in this application is accurate and complete.

Applicant's Signature

Title

Date

STEP 7

NOTARY

State of: _____

Signed and sworn before me on (date): _____

Notary public: _____

My commission expires: _____

This space reserved for Notary Seal.