



OMHC BUILDING/HEALTH DEPARTMENT
RENEWAL APPLICATION

Ohio Manufactured Homes Commission
5100 Parkcenter Ave., 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 Building/Health Dept: _____
- 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: _____

(If Permit Address is different than above, please list below):

Address: _____
Telephone number _____ Fax number _____

- D. Name and Title of Contact Person*:
_____ Title _____
Telephone Number: _____ Email address: _____

***Note:** This is the person who will be responsible for coordinating the Department's participation in the program.

Step 2 PERSONNEL

- F. List all **OMHC Inspectors** (NOTE: You must have at least 1 inspector and 1 back-up inspector)

_____ Inspector/Plans Reviewer	_____ OMHC License #	_____ License Expiration Date
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_____	_____	_____

