INSPECTOR'S CHECKLIST – RE-USE of EXISTING SITE FOOTING INSPECTION

(For the **Re-use of Existing** sites such as in parks/communities.)

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: _____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____ Slab/ Runners / Footings Appear in Good Condition, Lot Owner's Estimate of Thickness: _____

Specify: Slab: _____ Runners _____ Footings _____ 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 ____ Slab/Runners extends to Perimeter Wall Supports
5) Yes____No____ N/A ____ Slab/Runners extends to Marriage Line Supports
6) Yes____No____ N/A ____ Footing Size per Referenced Standard 4781-6-02. Lot Owner's Estimate of Depth: _____

7) Yes____No____ Extensions Needed? If Yes, 25% rule? Yes____ No____ If Yes, ODH Plans Review Completed? Yes____ No____
4781-6-02(A)(1)(g)
8) Yes____ No____ Positive Drainage per 4781-6-02.2(C) or by Final Inspection

9) Yes____ No____ Manufactured Home and Existing Site Compatible or Site Modified
10) Yes____ No____N/A ____ Existing Anchors to be Re-Used in Visually Good Condition, Modified, or not Re-Used
11) Yes____ No____N/A ____ Existing Anchors Spacing and Location Suitable, or Modified
12) Yes____ No____N/A ____ Other Existing Foundation Elements to be Re-Used in Visually Good Condition or Modified
13) Yes____ No____N/A ____ Other Existing Foundation Elements to be Re-Used have suitable Spacing and Location or Modified

☐ Approved
☐ Disapproved

REMARKS_____

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MFG. Homes Inspector OR Sanitarian Certification # Date

(Signature)