

SOUTHERN OHIO MANUFACTURED HOME INSPECTIONS, LLC

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APPLICATION FOR MANUFACTURED HOME INSTALLATION PLEASE PRINT OR TYPE

1. Manufactured Home Owner's Name: _____
Owner's Current Address: _____ City/St/Zip: _____
Phone#: _____ EMAIL: _____
2. Inspection reference used:
 Manufacturer's Installation Instructions Ohio Manufactured Home Installation Standard
 Registered Architect's OR Engineer's Drawings Designer's Name/Seal Number: _____
3. A. General Information: New Install Relocate Size of MH: _____
Used MH New MH Located in MH Park? Yes No .Floodzone Y N
4. Dealer (or Individual): _____
Representative's Name: _____
Street Address: _____ City/St/Zip: _____
Telephone No.'s: _____ Email Address: _____
5. Installer (s):
Name: _____ License#: _____
Responsibility: Footer Block Move Elec Set-up
Street Address: _____ City/St/Zip: _____
Phone#: _____
Name: _____ License#: _____
Responsibility: Footer Block Move Elec Set-up
Street Address: _____ City/St/Zip: _____
Phone#: _____
6. Manufacturer: _____ Date of Manufacture: _____
Serial#: _____ HUD#: _____
Thermal Zone: _____
7. **Street Address of project:** _____
City/St/Zip: _____
County: _____

8. **FEES:** \$575.00

A copy of your footer plan *MUST* be included with submission

CERTIFICATION: (OMHC 4781 Rules)

I certify that I am the _____ Owner _____ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Note: Fees do not include: re-inspection fees @ \$100 ea.
MAKE CHECK PAYABLE TO:

**Southern Ohio Manufactured Home
Inspections, LLC**

PERMIT # _____

Where Required: Approved Zoning Permits must be submitted with this application.