(Dept Use Only) Plan Number	
-----------------------------	--

_		
Perr	nit Nu	mbei

Manufactured Home Inspection

	Ap	plicant / Owner Infor	mation	
Applicant	<u> </u>			
Address				
City	State	Zip	Township/Municipality	
Phone		Fax		
		Building Site		
Site Address		Danielli Gra	2	
City	State	Zip	Township/Municipality	
Zoning		Floodplain	Sanitation (public or private)	
		<u> </u>		
	Man	ufactured Home Info	ormation	
Manufacturer				
Serial Number	erial Number		Date of Manufacture	
Contractor(s) Busines	s Name & Address			

Special Instructions					

Permit Number

Manufactured Home Checklist:

General Information

(Dept Use Only) Plan Number

Although Manufactured homes are exempt from **PA Act 45 (Uniform Construction Code)** the site must still be inspected to insure compliance with the act. This includes the site, plumbing or mechanical crossovers, basement and/or foundation as listed below.

Inspections required:

- 1. Plumbing (water/sewer hookup)
- 2. Electrical Service
- 3. Footer
- 4. Foundation/basement
- 5. Foundation anchor(s)
- 6. Energy/insulation (basement/crawlspace)
- **7.** Mechanical (i.e. clothes dryer vent, central air compressor)