

**MANUFACTURED HOME PRE-INSPECTION CHECKSHEET**

**THIS IS NOT A PERMIT. THIS IS AN INSPECTION TO VERIFY THE UNIT QUALIFIES FOR PERMITTING.**

**THIS PRE-INSPECTION IS ONLY GOOD FOR 30 DAYS.**

\_\_\_\_\_  
Date of Request  
\_\_\_\_\_  
Time of Request  
\_\_\_\_\_  
Pre-Inspection Fee / Rcpt #

\_\_\_\_\_  
Name of Property Owner:  
\_\_\_\_\_  
Contact Phone No.

\_\_\_\_\_  
Name of Possible Purchaser:  
\_\_\_\_\_  
Contact Phone No.

\_\_\_\_\_  
Present Location of Unit. Please be specific w/directions  
\_\_\_\_\_  
Address of property where M/H is to be placed if it passes pre- inspection:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Brief Description of Unit (Size/Color, etc.)  
\_\_\_\_\_

\_\_\_\_\_  
Date/Time Ready for Pre-Inspect.

**INSPECTION RESULTS**

Size: \_\_\_\_\_ Total Square Footage of Living Area \_\_\_\_\_

Roof Pitch: \_\_\_\_\_ HUD/VIN No. \_\_\_\_\_  
(Minimum 2 1/2:12)

Date Mfg.: \_\_\_\_\_ Wind zone: \_\_\_\_\_

Yes	No	
___	___	Siding intact, good shape, no rust or open seams, Paint OK
___	___	Exterior Doors are approved MH doors in good shape
___	___	Windows, no cracks, no apparent leaks, no broken or missing glass
___	___	Vapor Barrier, intact
___	___	Wiring, none loose or unattached. All Receptacles and Switches have covers
___	___	Lighting Fixtures have globes/covers
___	___	Breaker Panel in good shape, no evidence of arcing
___	___	Plumbing Fixtures in good shape, securely attached with no appearance of leaks
___	___	Sinks and Washing Machine drain have traps
___	___	Hot Water System intact and no damage
___	___	Approved Smoke Detectors near all sleeping areas and operational
___	___	Heating System in place

\_\_\_\_\_  
Comments  
\_\_\_\_\_  
\_\_\_\_\_

**Must have title and picture of data plate before pre-inspections can be done.**

Pre-Inspection: Passed \_\_\_\_\_ Failed \_\_\_\_\_ Date \_\_\_\_\_ Inspector's Initials \_\_\_\_\_