

**INSTALLATION:**

- NEW
- USED (form & fee) A USED manufactured home inspection **fee of \$75** shall be paid by the installer in the State of Oklahoma



**USED MOTOR VEHICLE AND PARTS COMMISSION**

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UMVPC OFFICE USE

PAID \_\_\_\_\_

AUDIT \_\_\_\_\_

RECONCILED \_\_\_\_\_

REV: 9/2020

**SET-UP INSPECTION - Form I**

**FORMS MUST BE SUBMITTED ON ALL NEW AND USED HOMES no later than the 15<sup>th</sup> of the month subsequent to the month in which the installation is performed.**

**Submission Date:** \_\_\_\_\_ **Check One:**  Mail  Fax  Email/Online  Hand

**Date Installed:** \_\_\_\_\_ **Transporter Business Name:** \_\_\_\_\_

**Installer License#:** \_\_\_\_\_ **Installer Business name:** \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number E-Mail Address

**Check One:**  Manufacturer's Installation Instructions  Professional Engineer's Instructions  Oklahoma's Generic Code

**Make/Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_ **HUD Number(s):** \_\_\_\_\_

**Retailer/MHP License #:** \_\_\_\_\_ **Retailer/ MHP Business name:** \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number E-Mail Address

**Homeowner:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code County

**FOR NEW HOMES ONLY!**

**Check One:**  Passed  Failed  Resubmit

**PLEASE complete by Certified Installation Inspector, Local Authority Having Jurisdiction (LAHJ) or Licensed Engineer**

**Inspector Name (Printed):** \_\_\_\_\_ **Certification #:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

\_\_\_\_\_  
**Address Phone Number E-Mail Address**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ that the above inspection results are true and correct to the best of my knowledge and belief.

**Certified Installation Inspector, Municipal Inspector (LAHJ) or Licensed Engineer Signature:** \_\_\_\_\_

On the above date, an installation inspection was conducted. The following violations, as shown by "NO" responses and miscellaneous items listed were noted.

**Imminent safety hazards**, which are marked with an asterisk (\*), create imminent and unreasonable risks of death or severe personal injury. The following steps must be taken to correct the situation:

- Address the violations **IN WRITING** within **2 BUSINESS DAYS** after receiving the report.
- Correct the violations within **14 BUSINESS DAYS** for imminent safety hazards
- Examples of an **imminent safety hazard** are:
  1. Tie downs not properly installed. Improperly installed tie downs could be a safety hazard.
  2. Improperly installed electric crossover
  3. Improperly installed gas line crossover
- All other violations that are **non-imminent safety hazards**. The following steps must be taken to correct the situation:
  1. Correct the violations within **30 days of receiving this report**.
  2. Amend the I-Form showing the home passed inspection and resubmit to the state.

1. If a **NEW** home, were manufacturer's installation instructions available? YES NO N/A

**Comment:**

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2. Was the **2x3 Installation Label** placed by the breaker box? YES NO N/A

**Comment:**

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### SITE PREPARATION

3. All organic material (i.e., grass, loose top soil, etc.) was removed from under each foundation support. YES NO N/A

**Comment:**

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4. Proper drainage has been provided per installation instructions to prevent water and moisture from collecting under the home. YES NO N/A

**Comment:**

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5. Vapor barrier, if required by installation instructions, has been properly installed. YES NO N/A

**Comment:**

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6. If skirting is installed, proper ventilation is provided.	YES	NO	N/A
<b>Comment:</b>			
_____			
_____			

**SUPPORT SYSTEMS**

7. Footings are of the proper size and construction for soil conditions.	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

8. If used, is the alternation foundation system (stabilizing system) installed correctly?	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

9. Spacing of piers is in accordance with the installation instructions.	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

10. Pier construction meets installation instructions.	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

11. Marriage line is blocked at all ridge beam support columns.	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

12. Piers or other acceptable support is located at all exterior door locations and other large openings as required by installation instructions.	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

13. Pier blocking at fireplaces, recessed entries, porches, etc. has been provided as required by installation instructions.	YES	NO	N/A
<b>Comment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

**Comment:**

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14. Piers are shimmed tight against I-beam.

YES NO N/A

**Comment:**

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15. Correct Anchors for soil condition.

YES NO N/A

**Comment:**

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16. Anchor strap degree of angle per installation instructions.

YES NO N/A

**Comment:**

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17. Anchors installed to full depth per installation instructions.

YES NO N/A

**Comment:**

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18. Anchor straps wrapped properly at anchor heads

YES NO N/A

**Comment:**

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19. Anchor straps installed at I-beam properly.

YES NO N/A

**Comment:**

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20. Anchors are correctly spaced.

YES NO N/A

**Comment:**

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21. On units with factory installed tie down straps and/or brackets  
Straps and anchors are installed per installation instructions.

YES NO N/A

**Comment:**

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22. If the manufacturer requires " <b>longitude anchoring</b> " are they installed per the installation instructions? <b>Comment:</b> _____ _____	YES	NO	N/A
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23. Stabilizer plates are installed at anchor locations as per anchor manufacturer's installation instructions. <b>Comment:</b> _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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24. Anchors are within 24 inches of ends of home. <b>Comment:</b> _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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**UTILITIES**

25. Assure that the drain for the water heater drip pan does not terminate under the home. <b>Comment:</b> _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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26. Proper support has been provided on drain lines. <b>Comment:</b> _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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27. Proper electrical connection between sections was made. <b>Comment:</b> _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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**DATA PLATES**

28. Access was provided to data plate at time of inspection	YES	NO	N/A
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## FINISHING

29. All duct work, vents, and drain lines are routed to perimeter of home. YES NO N/A

**Comment:**

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30. Proper support has been provided on all duct work. YES NO N/A

**Comment:**

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31. If damaged, bottom board has been repaired. YES NO N/A

**Comment:**

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32. Ventilation has been provided in roof. YES NO N/A

**Comment:**

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33. On multi-section units, the roof, walls, and floor all appear to have been joined properly. YES NO N/A

**Comment:**

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34. All exterior siding is in place and free of damage. YES NO N/A

**Comment:**

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## ALTERNATIVE CONSTRUCTION UNITS

35. (AC) Alternative Construction letter approval has been provided YES NO N/A

36. (SC) Site Construction letter approval has been provided. YES NO N/A

**Comment:**

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