



MANUFACTURED HOME INSTALLATION INSPECTION DEPARTMENT APPLICATION

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/>

Mail application to :

OMHC
5650 Blazer Parkway, Suite 100
Dublin, Ohio 43017

There is no fee for this application.

Step 1 BASIC INFORMATION

- A. Name of Political Subdivision: _____
- B. If services are provided by another political subdivision or a third party inspection agency provide that name:

- C. Mailing Address: _____

City: _____ State: _____ Zip: _____
Telephone number _____ Fax number _____
Email address: _____
- D. Location of permit facilities (attach list if needed):
Address: _____
City: _____ State: _____ Zip: _____
Website _____
Telephone number _____ Fax number _____
Email address: _____
- E. Name and Title of Contact Person*:
_____ Title _____
Telephone Number (include area code): _____
Fax Number (include area code): _____
Email address: _____
- *Note:** This is the person who will be responsible for coordinating the Department's participation in the program.
- F. Date Department was established _____

Step 2 Personnel Attachments (all of the following must be attached):

- A. Provide the name, address, telephone number, of the Manufactured Home Inspectors to be providing inspections. At least one Manufactured Home inspector plus a back up must be either directly employed or under contract.
- B. Provide the name address, telephone number, ESI number of the ESI to be providing inspections. At least one ESI plus a back up must be either directly employed or under contract.
If any of these listed in A or B are not direct employees, provide a copy of the contract.
- C. Provide the name, address, telephone number, of the Plans Reviewer.
- D. Provide the name, address and telephone number of individuals who will receive the permit requests and of the **one** person who will be responsible for the security of the OMHC inspection seals and responsible to provide the annual operational report.
- E. Copies of Personnel Contracts, if any.

Step 3 Department Certifications:

A) Is this Department Board of Building Standards Certified for either OBC or RCO? Yes No

IF YES, provide a copy of the Certification(s) by BBS including any conditions or restrictions.

IF NO, what type of department is this?

- Building, but not BBS certified Zoning Planning Flood Hazard
 Other, explain _____

IF NO, also provide an operating budget for the most recent fiscal year and population data from the last census.

Step 4 Documents to be Submitted with this Application:

- Ordinance/Resolution Creating Department
- Ordinance/Resolution Requesting Certification for Manufactured Homes Inspections
- Ordinance/Resolution Authorizing Contracts (if any)
- Department Organizational Chart
- Inspection and Plans Review Procedures
- Provide detailed information regarding the geographic area of coverage such as a map and the name of the political subdivisions or jurisdictions included

Step 5 Affirmation:

I, _____ the undersigned, representing the local authority having jurisdiction in this application, affirm that the information given in this application is accurate and complete.

Applicant's Signature

Title

Date

STEP 7

NOTARY

State of: _____

Signed and sworn before me on (date): _____

This space reserved for Notary Seal.

Notary public: _____

My commission expires: _____