

Hayes Township  
2055 E. Townline Lake Road  
P.O. Box 310  
Harrison, Michigan 48625  
Phone (989)539-7128 Fax (989)539-7129

**Used Manufactured/ Mobile Home Inspection Form**

**Instructions:**

A licensed builder must inspect all used Manufactured/ Mobile Homes before a zoning permit can be issued for their setup, or relocation in Hayes Township. All Manufactured/Mobile Homes must be a minimum of 22 feet wide (unless being installed in a R-4 zoned district) and a minimum of 720 square feet of living space. This inspection form must be submitted with the following color pictures of the dwelling:

EXTERIOR PHOTOS; 1 photograph of the front and one side, 1 photograph of rear and opposite side, 1 photo of each of the HUD labels (1 tag per section of dwelling) (HUD label is metal tag riveted on the corner of each section of the dwelling).

INTERIOR PHOTOS; 1 of kitchen, 1 of each bathroom, 1 of bedroom, 1 of living room, and 1 of data label, (The data label can be typically be found glued on the back face of a kitchen cabinet door, electrical panel door, or inside a closet). Zoning Administrator will determine if a zoning permit will be issued for the structure based on the structure's condition. Decisions of the Zoning Administrator may be appealed to the Zoning Board of Appeals upon proper application.

**Applicant Information:**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Structure Information:**

Retailers Name: \_\_\_\_\_ Manufacturers Name: \_\_\_\_\_

Trade/Model Name: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_

HUD Data Label Number(s): \_\_\_\_\_

Data Plate Serial Number: \_\_\_\_\_

Number of Sections: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Length less tongue \_\_\_\_\_ Width less additions: \_\_\_\_\_ Total Square Foot \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Exterior surface material & condition: Poor \_\_\_ Fair \_\_\_ Average \_\_\_ Good \_\_\_ Excellent \_\_\_

Roofing Material & condition: Poor \_\_\_ Fair \_\_\_ Average \_\_\_ Good \_\_\_ Excellent \_\_\_

Window type & condition: Poor \_\_\_ Fair \_\_\_ Average \_\_\_ Good \_\_\_ Excellent \_\_\_

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**Overall Condition:**

Interior Flooring: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

Interior Walls: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

Interior Ceilings: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

Exterior: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

**Mechanical, Plumbing, Electrical Information:**

Furnace Type: FWA\_\_\_ HWBB \_\_\_ Electric \_\_\_ Wall \_\_\_ Other \_\_\_

Condition of Furnace: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

Furnace Fuel: LP Gas\_\_\_ Natural Gas \_\_\_ Electric \_\_\_ Wood \_\_\_ Other \_\_\_

Central Air Conditioning: Yes\_\_\_No \_\_\_

Electrical Service: Circuit Breakers\_\_\_ Fuse \_\_\_ AMP Service \_\_\_\_\_

Wiring Type: Copper \_\_\_ Aluminum \_\_\_

Electrical Condition: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

Plumbing Type: Plastic Copper Other

Plumbing Condition: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

**Safety:**

Are all electrical switches and outlets covered? Yes \_\_\_ No \_\_\_

Are smoke alarms installed? Yes \_\_\_ No \_\_\_ if yes, are they operational? Yes \_\_\_ No \_\_\_

Are GFCI circuits required? Yes\_\_\_ No \_\_\_ if yes, are they operational? Yes \_\_\_ No \_\_\_

**Frame work & sub-flooring:**

Does frame show signs of warping, bending, or twisting? Yes \_\_\_ No \_\_\_

Overall frame condition: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

Is sub-flooring intact? Yes \_\_\_ No \_\_\_

Any signs of leaking, warping, or rot? Yes \_\_\_ No\_\_\_

Overall sub-flooring condition: Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Average \_\_\_ Excellent\_\_\_

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**Inspectors Certification;**

I certify that I personally inspected the dwelling identified on this form and I personally completed the form.

I certify that all the information completed on this form is true, accurate, unbiased, and complete to the best of my information, knowledge, and belief.

Inspector's Name (printed): \_\_\_\_\_

Name of Company: \_\_\_\_\_

Inspectors Signature: \_\_\_\_\_

Inspector's Address:

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

License No. \_\_\_\_\_ (Attach copy of certificate)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Attach photos for all poor or fair conditions found during inspection of dwelling.**