

ON-SITE HUD INSTALLATION INSPECTION REQUEST FORM



Date of This Request: \_\_\_\_\_ This form and all additional comments may be emailed to Penny Eddinger at peddinger@ntainc.com or faxed to 574-773-2732 (Attn: P. Eddinger).
Date of Expected Completion: \_\_\_\_\_
Type of Inspection(Check One): Physical: [ ] OR Virtual: [ ]

This form outlines the minimum information necessary to perform an adequate installation inspection. Please provide all of the information requested. Any information that is not provided may delay the completion of the inspection.

24 CFR 3286.107 INSTALLATION IN ACCORDANCE WITH THE STANDARDS. (a) Compliance with installation requirements. (1) For purposes of determining installer compliance, a manufactured home that is subject to the requirements of this subpart B must be installed in accordance with: (i) An installation design and instructions that have been provided by the manufacturer and approved by the Secretary directly or through review by the DAPIA; or (ii) An installation design and instructions that have been prepared and certified by a professional engineer or registered architect, that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. (2) If the installation instructions do not comply with the installation standards, the manufacturer is responsible for any aspect of installation that is completed in accordance with the installation instructions and that does not comply with the installation standards. (3) All installation work must be in conformance with accepted practices to ensure durable, livable, and safe housing, and must demonstrate acceptable workmanship reflecting, at a minimum, journeyman quality of work of the various trades. (4) Except as set out in paragraph (a)(2) of this section, all installation defects due to the work of the installer are the responsibility of the installer or retailer or manufacturer that retained the installer and must be corrected. (5) If the manufacturer or retailer retains the installer, they are jointly and severally responsible with the installer for correcting installation defects. (6) Installation defects must be corrected within 60 days after the date of discovery of the installation defect. 24 CFR 3286.109 INSPECTION REQUIREMENTS - GENERALLY. This installer or the retailer must arrange for the inspection of the installation work on any manufactured homes that is sited in a state without a qualifying installation program. Before the home can be occupied, the installer must certify, and the inspector must verify, the home as having been installed in conformance with the requirements of 3286.107(a).

HOME MANUFACTURER INFORMATION

Business Name \_\_\_\_\_
Business Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Manufacturer's Serial No. \_\_\_\_\_ No. of Sections: \_\_\_\_\_
HUD Certification Label No. \_\_\_\_\_

DEALER/RETAILER INFORMATION

Primary contact for scheduling inspection (check) [ ]

Business Contact: \_\_\_\_\_
Business Name \_\_\_\_\_
Business Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_
Email Address: \_\_\_\_\_

LICENSED INSTALLER INFORMATION

Primary contact for scheduling inspection (check) [ ]

Business Contact: \_\_\_\_\_
Business Name \_\_\_\_\_
Business Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_
Email Address: \_\_\_\_\_
HUD License #: \_\_\_\_\_

ALL ENGINEERED FOUNDATION SYSTEMS OR ALTERNATIVE FOUNDATION SYSTEMS MUST BE DAPIA-APPROVED AND A COPY MUST BE PROVIDED WITH THIS FORM.



**SITE LOCATION INFORMATION**

Primary contact for scheduling inspection (check)

Homeowner Name \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of manufactured home community, if applicable \_\_\_\_\_

Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

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

If the Site Address is not easily identifiable, please provide detailed directions to the site in the space provided below, draw a detailed map in the space provided below, or attach a detailed map showing the site location.

**TURN-BY-TURN DIRECTIONS TO SITE LOCATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DETAILED MAP OF SITE LOCATION**

**TECHNICAL INFORMATION**

Is there a variation to the installation instructions?  
(ie slab, basement, runners, any footers above the  
frost line) (Y/N) \_\_\_\_\_

Home width (in feet) \_\_\_\_\_

Home length (in feet) \_\_\_\_\_

Roof pitch (?/12) \_\_\_\_\_

Sidewall height (in inches) \_\_\_\_\_

Wind zone \_\_\_\_\_

Thermal zone \_\_\_\_\_

Roof load (in pounds/square feet) \_\_\_\_\_

I-Beam spacing (in inches) \_\_\_\_\_

Length of anchor used (in inches) \_\_\_\_\_

Anchor spacing \_\_\_\_\_

Alternative anchoring system used? (Y/N) \_\_\_\_\_

Is the home located in a flood plain? (Y/N) \_\_\_\_\_

How is the home supported?  
\_\_\_\_\_

Frame-only support system? (Y/N) \_\_\_\_\_

Frame/Perimeter support system? (Y/N) \_\_\_\_\_

Soil bearing capacity (in pounds) \_\_\_\_\_

Frost depth (in inches) \_\_\_\_\_

Footing sizing (in inches) \_\_\_\_\_

Footing depth (in inches) \_\_\_\_\_

Are footings installed below frost depth? (Y/N) \_\_\_\_\_

Pier spacing (in feet) \_\_\_\_\_

Were all required tests completed (Y/N) \_\_\_\_\_

**By signing below, I certify all information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed