

ON-SITE HUD INSTALLATION INSPECTION REQUEST FORM



Date of This Request: _____ This form and all additional comments may be emailed to Stacey Erlenwein at
 Date of Expected Completion: _____ serlenwein@icc-nta.org, or faxed to 574-773-2732 (Attn: S. Erlenwein).
 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.

ON-SITE HUD INSTALLATION INSPECTION REQUEST 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

BILLING INFORMATION

The cardholder identified below agrees to pay \$395.00 prior to the commencement of the review and inspection processes with the understanding that this submission will not be reviewed until payment has been received, this form is completed, and all the necessary and requested information has been provided. Payment does not imply or guarantee inspection approval. Violations that can not be corrected and verified at the time of the inspection will be required to be verified via photo or a re-inspection at an additional charge. Verification via photos will be charged at \$75 for the first violation and \$35 for each additional violation. Correction photos are to be sent to peddinger@ntainc.com referencing the NTA project number on the report.

Is this information the same as the "Dealer/Retailer Information" detailed on Page 1? (Y/N) _____

Billing Contact Name _____

Billing Address, City, State, Zip Code _____

Billing Telephone _____

Billing email Address _____

Credit Card Information

Card Type _____ Visa _____ MasterCard _____ Expiration date _____

Card Number CVV

Signature

Date Signed

I authorize ICC NTA, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the good/services described above, for the amount indicated above. Plus the additional fee if additional verification is required as described above.