

EXHIBIT "A"
STATE OF MISSISSIPPI
FIRE MARSHAL'S OFFICE
FACTORY-BUILT HOME DIVISION
POST OFFICE BOX 79, JACKSON, MS 39205
(601) 359-1061 - WATTS NO: 1-888-648-0877 - FAX NO: (601) 359-1076

INSTALLER CERTIFICATE OF INSPECTION

RETAILER/DEVELOPER

INSTALLER/TRANSPORTER

Name: _____

Name: _____

License No: _____

License No: _____

Address: _____

Address: _____

City/State/Zip Code: _____

City/State/Zip Code: _____

Telephone #: _____

Telephone #: _____

Fax #: _____

Fax #: _____

Email (if available): _____

CONSUMER

Name: _____

Serial #: _____ Size: _____

E911 Address: _____

HUD #: _____

City / State / Zip Code: _____

Wind Zone: _____

Telephone #: _____

Year / Make/Model: _____

County where home is located: _____

New: _____ Used: _____

Date / Time of Installation: _____

Manufacturer: _____

LOCATION: Directions must start from a known (be specific) starting point so that the Field Inspector may proceed to the location of the manufactured home. For example, sue route # and pertinent street and road names. Use left, right or preferably compass directions, (north, south, east, west). Refrain from the use of such landmarks as dealerships, vehicles, and service stations, as they are subject to name changes and physical relocation. As an option, a GPS Coordinate may be provided in Degree/Decimal format (32.30411,-9018356).

INSTRUCTIONS: PLEASE COMPLETE BELOW. A DEPUTY WILL BE ASSIGNED AND AN INSPECTION WILL BE SCHEDULED IN A REASONABLE TIME.

I HEREBY CERTIFY THAT THIS HOME IS INSTALLED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS OR, IF A USED HOME, MH-5, AS AMENDED, AND IS READY FOR INSPECTION ON THIS DATE: _____ DAY OF _____, 20____.

(Print Name)

(Signature)

EXHIBIT "B"
STATE OF MISSISSIPPI
FIRE MARSHAL'S OFFICE
FACTORY-BUILT HOME DIVISION
POST OFFICE BOX 79, JACKSON, MS 39205
(601) 359-1061 - WATTS NO: 1-888-648-0877 - FAX NO: (601) 359-1076

INSTALLER CERTIFICATE OF INSPECTION

RETAILER/DEVELOPER

Name: _____
License No: _____
Address: _____
City/State/Zip Code: _____
Telephone #: _____
Fax #: _____

INSTALLER/TRANSPORTER

Name: _____
License No: _____
Address: _____
City/State/Zip Code: _____
Telephone #: _____
Fax #: _____
Inspection Decal No: _____

CONSUMER

Name: _____ Serial #: _____ Size: _____
E911 Address: _____ HUD #: _____
City / State / Zip Code: _____ Wind Zone: _____
Telephone #: _____ Year / Make/Model: _____
County where home is located: _____ New: _____ Used: _____
Date / Time of Installation: _____ Manufacturer: _____
GPS Coordinates: _____

I HEREBY CERTIFY THAT THIS HOME IS INSTALLED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS OR, IF A USED HOME, MH-5, AS AMENDED, AND IS READY FOR INSPECTION ON THIS DATE: _____ DAY OF _____, 20____.

(Print Name)

(Signature)

I HEREBY CERTIFY THAT THIS HOME HAS PASSED INSPECTION.

INSPECTOR

DATE

State of Mississippi
 Fire Marshal's Office
 Factory-Built Home Division
 P. O. Box 79
 Jackson, MS 39205-0079
 Fax #: (601) 359-1076

Revised 3/2010

PROPERTY LOCATOR / INSPECTION REPORT

Installer's Name: _____
 License #: _____
 Surety Bond: _____
 Policy #: _____
 General Liability Insurance Company: _____

 Policy #: _____
 Phone #: _____

Consumer's Name: _____
 Home Site Address: _____
 City, State, Zip Code: _____
 Phone #: _____
 County: _____
 HUD Label #: _____

Dealer's Name: _____
 License #: _____
 Surety Bond: _____
 Policy #: _____
 General Liability Insurance Company: _____

 Policy #: _____
 Phone #: _____

Wind Zone: _____ Unit Size: _____
 Serial#: _____
 Class Anchors Used: _____
 Soil Density: _____
 New: Used:
 Manufacturer / Year: _____
 Date Ready For Inspection: _____

	Installer Only	Fire Marshal Inspector Only	Comments
1. Site Preparation:	<input type="checkbox"/>	<input type="checkbox"/>	
2. No. of Perimeter Pier:.....	_____	_____	
Piers at opening greater than 48"...	<input type="checkbox"/>	<input type="checkbox"/>	
Piers located at exit Doorways:.....	<input type="checkbox"/>	<input type="checkbox"/>	
3. Pier Spacing.....	<input type="checkbox"/>	<input type="checkbox"/>	
4. No. of Marriage Wall Piers:.....	_____	_____	
5. Pier Construction:.....	<input type="checkbox"/>	<input type="checkbox"/>	
Corner Piers:.....	<input type="checkbox"/>	<input type="checkbox"/>	
Piers to 36":.....	<input type="checkbox"/>	<input type="checkbox"/>	
Piers 36" to 67":.....	<input type="checkbox"/>	<input type="checkbox"/>	
Piers over 67":.....	<input type="checkbox"/>	<input type="checkbox"/>	
Plates:.....	<input type="checkbox"/>	<input type="checkbox"/>	
Shims:.....	<input type="checkbox"/>	<input type="checkbox"/>	
6. Anchors and Ties:.....	<input type="checkbox"/>	<input type="checkbox"/>	
Proper Depth:.....	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Diagonal Ties:	_____	_____	
Tension:.....	<input type="checkbox"/>	<input type="checkbox"/>	

SEE REVERSE SIDE FOR COMPLETE CHECK LIST

INSPECTION CHECKLIST: The installation of every manufactured home shall be inspected for each of the installation elements included in the checklist below. The checklist must include assurance that each of the following elements complies with the MS Installation Standards.

	Installer Only	Fire Marshal Inspector Only	Comments
(1) Transit / pre-occupancy damage. . . .	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Proper wind zones placement.	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Soil conditions / Soil classifications and bearing capacity.	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Site drainage.	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Ground moisture control (vapor barrier), if required	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Pier construction / configuration /spacing.	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Clearance under homes.	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Required perimeter supports.	<input type="checkbox"/>	<input type="checkbox"/>	
(9) Footings.	<input type="checkbox"/>	<input type="checkbox"/>	
(10) Ground anchor / stabilizer plates Installations.	<input type="checkbox"/>	<input type="checkbox"/>	
(11) Skirting, if present.	<input type="checkbox"/>	<input type="checkbox"/>	
(12) Crawlspace ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	
(13) Utility connections.	<input type="checkbox"/>	<input type="checkbox"/>	
(14) Interconnection of multi-section homes.	<input type="checkbox"/>	<input type="checkbox"/>	
(15) Bottom board damage / repair. . . .	<input type="checkbox"/>	<input type="checkbox"/>	
(16) Dryer venting / appliance installation.	<input type="checkbox"/>	<input type="checkbox"/>	
(17) Whole house ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	
(18) Proprietary systems installation. . .	<input type="checkbox"/>	<input type="checkbox"/>	
(19) Final leveling of manufactured Home.	<input type="checkbox"/>	<input type="checkbox"/>	

Correction(s) to be made within three (3) business days, but no longer than thirty (30) days from date of delivery, and an Affidavit forward to this Office indicating compliance to the Mississippi installation requirements.

Whoever fails to comply with an order issued by the State Fire Marshal’s Office under the provisions of “The Uniform Standards Code for Factory-Built Homes Law” Section 75-49-19, Mississippi Code, 1972, Annotated, shall be subject to penalties as described by law.

Date Inspected: _____ Fire Marshal’s Signature: _____

Attach a copy of **DIRECTIONS** to home site and a copy of the **SITE PREPARATION REFUSAL FORM** (if applicable).