

Requirement checklist to obtain a Building Permit for a:

**RELOCATED MANUFACTURED DWELLING  
on a Foundation, Crawlspcace, or Piers**

- ☐ Completed two-page application (must be legible and signed) [2 COPIES]
- ☐ Land Use Permit (signed/approved by the Municipality) [2 COPIES]
- ☐ Site Plan (include all existing structures, proposed structure and their distances to lot lines) [2 COPIES]
- ☐ Foundation plan (elevation, footer size, foundation details, beams, etc.) [2 COPIES]
- ☐ Deck plan if applicable (Must not be attached to the Manufactured Dwelling. If over 30" high at any point around the perimeter, measured from ground to top of finished floor, additional permitting and inspections are required.) [2 SETS]
- ☐ Installation manual of Relocated Manufactured Dwelling (if available)
- ☐ Habitability Checklist for Relocated Manufactured Dwelling required at time of Application submittal.
- ☐ The HUD Licensed Installer and their License # must be provided to PMCA before your Building Permit will be released.
- ☐ Copy of Contractors Certificate of Insurance for Workers Compensation  
**OR**  
If doing the work yourself submit Workers Compensation Insurance Coverage Waiver  
*[refer to the attached document].*
- ☐ Driving directions from a known landmark or intersection
- ☐ Before the final inspection can be completed both the Installation Checklist for Relocated Manufactured Homes and Manufactured Home Certificate of Compliance (completed by installer after home set-up) must be completed and returned to PMCA

- ✓ After submitting all required documents your application and drawings will be reviewed.
- ✓ PMCA will contact you to let you know if your application has been approved or denied.
- ✓ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges, i.e. administrative, inspections fees must be paid.
- ✓ Be advised additional fees may be applied, throughout the project, for failed or missed inspections.
- ✓ The Building Permit placard and municipal placard are to be visible on site at all times during the construction process. The application and approved building plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector
- ✓ To schedule an inspection: call the office where your permit application was submitted or visit our website to schedule online. Be prepared to have your permit number, address, and type of inspection you are requesting. If you request an inspection before 3 PM, every effort is made to schedule the inspection for the next business day.

**More detailed guidance on Foundation Systems:**

**PHRC PA Field Guide FOUNDATION SYSTEMS FOR RELOCATED MANUFACTURED HOMES (26 pages)**

Please ask our staff or visit our website if additional information is needed.



Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996  
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326  
Somerset Office: 510 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112  
Adams Office: 1895B York Road, Gettysburg, PA 17325 Phone: 717 321-9046  
Email: [pmca@pacodealliance.com](mailto:pmca@pacodealliance.com) Website: <https://pacodealliance.com/>

## APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Rcvd. Date Stamp Here

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application No. \_\_\_\_\_

### 1. PROPERTY / SITE INFORMATION

Site Address: \_\_\_\_\_ Tax Map / Parcel No.: \_\_\_\_\_  
Complete Address / Street / Lot #

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

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Land Use Permit No. \_\_\_\_\_

Use: ☐ Residential ☐ Single-Family Dwelling / Duplex ☐ Multi Family ☐ New / ☐ Relocated Manufactured Home ☐ Modular

☐ Commercial ☐ Other \_\_\_\_\_ Floodplain present: ☐ Yes ☐ No

Improvement Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Relocation ☐ Other \_\_\_\_\_

### 2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)

First Name \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone No: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### 3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]

First Name \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone No: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### 4. BUILDING PERMIT APPLICATION

Provide below description of Work: (Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Lot Area: \_\_\_\_\_ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

ICC Use Group: \_\_\_\_\_ ICC Construction Type: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 5. CONTRACTOR INFORMATION

Business Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contractor Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Workman's Compensation Insurance: ☐ Provided ☐ On Record ☐ Exempt PA Home Improvement Contr. Reg. # \_\_\_\_\_

►► THIS SECTION MUST BE FULLY COMPLETED OR THE APPLICATION MAY BE REJECTED AS INCOMPLETE ◀◀

## 6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true & correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. §4903.

Applicant Signature \_\_\_\_\_ Print Name (*legibly*): \_\_\_\_\_ Date \_\_\_\_\_

Applicant Phone (Land Line and Cell) \_\_\_\_\_ Applicant Email \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

☐ Business **OR** ☐ Applicant Complete Mailing Address \_\_\_\_\_

Business Phone Number (Land Line and Cell) \_\_\_\_\_

## 7. PROJECT DETAILS

**Trades:** ☐ Building ☐ Electrical Work ☐ Plumbing Work ☐ Mechanical Work (HVAC) ☐ Fire Suppression/Fire Alarm System

Heat Source (if applicable): \_\_\_\_\_ Fuel Type: \_\_\_\_\_

**Foundation Type:** ☐ Crawlspace ☐ Foundation ☐ Slab at Grade ☐ Piers ☐ Other: \_\_\_\_\_

**Details:** \_\_\_\_\_

## SUBCONTRACTOR INFORMATION

*Please list subcontractors for major trades. Use additional sheet(s) if needed.*

☐ Additional sheet(s) attached

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING PMCA OFFICE FOR ALL REQUIRED INSPECTIONS.**

►► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◀◀

## DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

Directions: \_\_\_\_\_

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**Use this space if needed to further clarify the site location:**

Please Note: Inspectors cannot inspect what they cannot find, Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

## ► Workers' Compensation Insurance Coverage Information ◀

### A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

☐ Yes

☐ No

If the answer is "Yes," complete Sections B and C below as appropriate.

### B. Insurance Information

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

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

☐ Certificate attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

☐ Certificate attached

Policy Expiration Date: \_\_\_\_\_

### C. Exemption – **MUST BE NOTORIZED**

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

☐ **Homeowner** who elects to do all work without contracting or hiring others to assist.

☐ **Religious exemption** under the Workers' Compensation Law.

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Commonwealth of Pennsylvania, County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me \_\_\_\_\_,

(Notary)

the undersigned personally appeared \_\_\_\_\_, known to me (or satisfactorily proven)

(Signatory)

to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

## ✓ Checklist for the Site Plan to be provided with the Permit Application

1. **Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.**
2. Use an 8 ½" X 11" sheet of paper at minimum.
3. After locating all the structures on your property show distances in feet to the lot lines and between the structures.

### Provide dimensions of the property getting the proposed improvement

- Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory – obtained from deed or property tax notice)

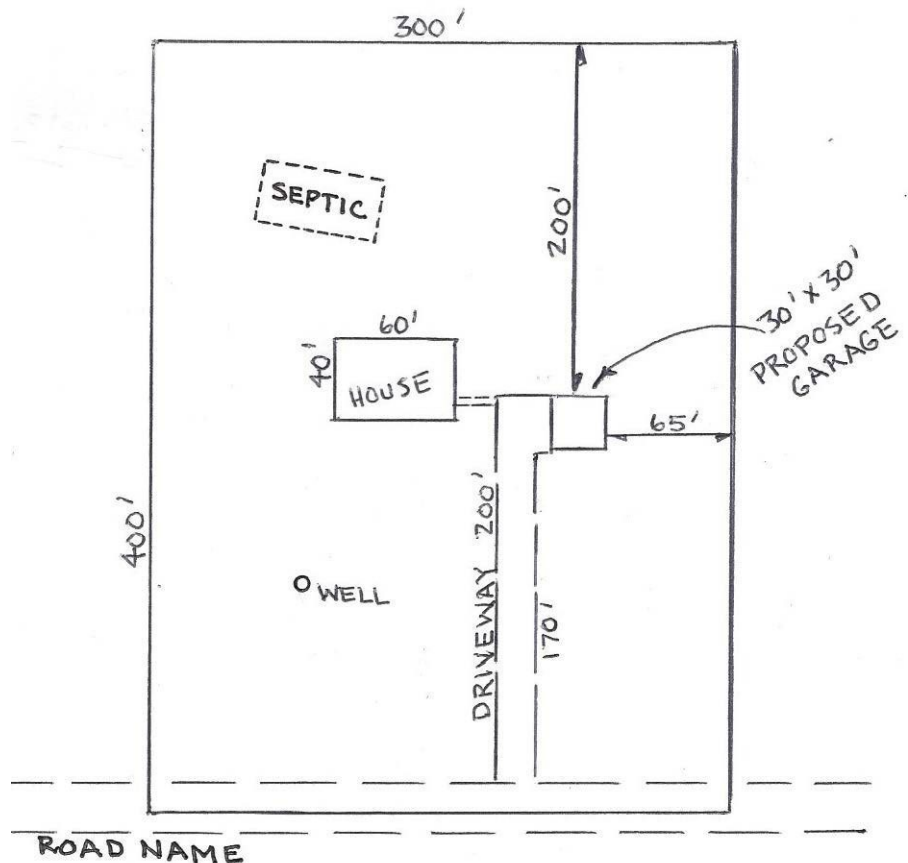
### Existing Buildings / Structures with Corresponding Dimensions

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

### Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Location of Proposed Driveway and Sidewalk

### SAMPLE SITE PLAN ►





**IMPORTANT DCED NOTICE: EFFECTIVE OCTOBER 1, 2020**  
NOTICE: Beginning 10-1-20, the Pennsylvania manufactured housing program will be requiring a **HUD Licensed Installer** (Housing & Urban Development) for all manufactured dwellings

## ► **RELOCATED MANUFACTURED DWELLING** ◀

### **Why is this notice important?**

- Installation is perhaps the single most important consideration to assure safety, durability and long term satisfaction from your home. Listed below are key elements of installation that can have an impact on the performance of your home. Also, some key requirements for installation are discussed in the Manufactured Home Installation brochure. (see DCED website: <https://dced.pa.gov/download/installation-guide-for-relocated-manufactured-homes-2017/>)
  - **Site Preparation** – Proper grading of the site around your home to provide groundwater runoff is critical. Make sure the ground under your home is free from depressions or areas where water can collect and has a properly installed ground vapor barrier.
  - **Support** – Your installer must ensure that the ground where your home is sited has the proper soil conditions and bearing capacity to properly support your home. The Pier footings must be protected from the effects of frost heave, which generally requires the pier footings to extend below grade to the maximum frost penetration in your area. Improper support of your home may lead to bowed floors and walls, cracked walls or ceilings, doors and windows that do not operate properly, and other structural defects that can lead to permanent damage to your home.
  - **Assembly** – Most Manufactured homes, especially multi-section designs, require assembly to be completed onsite. Until a home is assembled properly, it cannot perform as designed. The ability of the home to resist wind, rain, and snow and the functioning of the plumbing, electrical, heating/cooling systems, among other issues, are only assured by proper assembly onsite.
  - **Stabilization/Anchoring** – To ensure that your home can withstand the forces of windstorms, which can cause sliding and overturning of the home, it is imperative that your home is properly anchored with suitable anchoring devices that are properly installed

### **How do I find a HUD Licensed Installer?**

- A Complete list is available at **WWW.MANUFACTUREDHOUSINGINSTALLATION.COM**
  - To search the list for a HUD Licensed installer in your area, search for '**PA**' or '**MD**'
  - This list is updated frequently.

### **What documents are required for a Relocated Manufactured Dwelling?**

- **Habitability Checklist for Relocated Manufactured Homes**
  - This document verifies that the dwelling is livable and must be completed **BEFORE** the Building Permit application is submitted or the Building Permit is picked up.
- **Installation Checklist for Relocated Manufactured Homes**
  - This document certifies that the dwelling is installed properly. It is to be completed by the HUD Licensed Installer and must be completed and returned to PMCA **BEFORE** the final inspection.
- **Manufactured Home Certificate of Compliance**
  - This document certifies that the installer, correctly and to regulation, installed the Manufactured Dwelling. This document must be completed and returned to PMCA **BEFORE** the final inspection.

**BE ADVISED:** Failure to submit the Installation Checklist for Relocated Manufactured Homes and the Manufactured Home Certificate of Compliance may result in a failed Final Inspection.

# Habitability Checklist for Relocated Manufactured Homes

All items must be correct prior to occupancy. A completed checklist must be submitted to the local building code official as part of the building permit process.

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

Description/Size of Home: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_ Serial #: \_\_\_\_\_

## **Data Plate, Serial Number & Certification Label**

- ☐ Locate the serial number from the front chassis crossmember and the certification labels from the exterior siding. Cross reference to the data plate in the home. See page 2.
- ☐ Verify the home was certified as a manufactured home and that it was designed and constructed for the Pennsylvania climate zone.

## **Floors**

- ☐ Floor is structurally sound. Floor coverings are secure and do not present tripping hazards.
- ☐ Floor insulation is properly installed in floor cavity, especially at access areas.
- ☐ Bottom Board is patched and secure. See page 6.

## **Walls**

- ☐ Walls are structurally sound, without holes, breaks or protrusions.
- ☐ Doors and windows are operational with proper glazing. See pg 3.
- ☐ Doors are equipped with proper hardware. See page 3.
- ☐ Safety glazing is provided where required. See page 3.

## **Exterior Coverings**

- ☐ Roofing material free from obvious defects, holes, etc.
- ☐ Roof caps, vents, flashing, etc. are properly installed. Fireplace chimneys are the proper height (3' above the roof where it passes and 2' higher than any part of the building with 10' of the chimney).
- ☐ Siding material is free from obvious defects, holes, etc. and is properly channeled or sealed around penetrations.

## **Sanitary Facilities**

- ☐ Plumbing system is in good working order and free from defects, leaks and obstructions. See page 4.
- ☐ Drain piping under the floor is properly sloped and supported every 4'. See page 4.
- ☐ Water supply line crossover insulation and covers are properly installed.
- ☐ Hot water appliance is properly installed and in good working order.
- ☐ Water temperature limiting device must be set properly. For home constructed after June 9, 2014, see page 4.

## **Ventilation**

- ☐ Clothes dryer exhaust ducts terminate outside of the skirting crawl space enclosure. See page 5.
- ☐ Kitchen, bath and toilet compartment fans are operational. For homes built after Oct 25, 1993, See page 5.

## **Heating**

- ☐ Heating facilities are in working order.
- ☐ Registers and grills are in place at all outlets and intakes for the heating system.

## **Fuel Burning Appliances**

- ☐ All vents, flu pipes, chimneys, etc. are properly installed, and are free from rust, damage or any condition that could result in a leak of combustion gases into the home. See page 5.
- ☐ Fire-blocking is adequately installed where vents, flu pipes, chimneys or other penetrations are present in the ceiling or walls inside furnace and water heater compartments. See page 5.
- ☐ Fuel supply piping is properly installed and supported.
- ☐ Fuel supply piping has been tested for leaks by qualified personnel.
- ☐ Cooking range anti-tip bracket is properly installed. See page 5.

## **Electrical Systems**

- ☐ All electric receptacles, switches, junction boxes, fixtures, etc. are properly installed with appropriate cover plates. See page 6.
- ☐ All electrical crossovers are properly assembled and secured. See page 6.
- ☐ Operational test assured that all electrical devices operate properly.
- ☐ Ground Fault Circuit Interrupters (GFCI) where required, test and reset properly. See page 6.
- ☐ All exposed metal parts likely to be energized have been bonded.
- ☐ Proper smoke detectors/alarms placement and operation. See page 4.
- ☐ Proper carbon monoxide alarm placement and operation, if applicable. See page 4.

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this checklist and that the manufactured housing unit described herein has been inspected by me and found to meet the habitability guidelines for relocated manufactured housing as promulgated by the DCED Manufactured Housing Standards Division November 2013 or the most recent revision thereof. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the property and the manufactured housing unit, at any reasonable hour during the installation process, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME (legibly): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Complete: Street / State / Zip



# Installation Checklist for Relocated Manufactured Homes

Certified Pennsylvania Manufactured Home Installers must properly complete this checklist to assure proper installation. See page 2 of the DCED Installation Guide for other information regarding installer responsibilities.

Owners Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Job Site Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

## **Manufactured Home Stats**

Make of Man. Home: \_\_\_\_\_

Year of Man. Home: \_\_\_\_\_

Size of Manufactured Home: \_\_\_\_\_ X \_\_\_\_\_

Serial # of Man. Home: \_\_\_\_\_

## **Foundation Support**

- ☐ Footings are properly sized and constructed for the soil conditions.
- ☐ Piers are spaced and constructed according to the tables provided.
- ☐ Perimeter blocking is provided (if necessary).
- ☐ Piers at each side of openings four feet or larger (side wall and marriage line).
- ☐ Shims are in place and tight.
- ☐ Home is level.

## **Anchors**

- ☐ Approved anchors are used.
- ☐ Anchor spacing is correct.
- ☐ Anchors are installed to full depth.
- ☐ Straps are installed at correct angles.
- ☐ Straps are protected at the sharp corners.
- ☐ Stabilizing plates are installed.

## **Under the Home**

- ☐ Site is properly graded.
- ☐ Ground moisture barrier is installed.
- ☐ No holes or tears are present in the bottom board.
- ☐ Skirting is properly installed.
- ☐ Crawl space is properly ventilated.

## **Exterior**

- ☐ Roof shingles are free from damage.
- ☐ Roof ridge vent is installed correctly (if applicable).
- ☐ Any penetration in the roof is properly sealed.
- ☐ Siding is free from damage.

## **Interior**

- ☐ Ceilings, walls and floors are free from major defects.
- ☐ Windows operate properly.
- ☐ Exterior doors operate properly.
- ☐ Marriage line is properly sealed from air infiltration.

## **Systems**

- ☐ Electrical fixtures operate properly (Operational / Polarity).
- ☐ Water lines are free from defects (leaks).
- ☐ Drainage system is free from defects (leaks).
- ☐ Gas system is free from leaks.
- ☐ Smoke alarms operate properly.

## **Appliances**

- ☐ Appliance venting is in accordance with manufacturer's instructions.
- ☐ Fireblocking is complete.
- ☐ Fresh air intakes are properly installed.
- ☐ Appliances are working properly.
- ☐ Fireplace chimney stack and combustion air intake are completed properly.
- ☐ Anti-tip device for the cooking range is properly connected.

Whereas, Pennsylvania DCED, through Act 40 -2012 and the regulations promulgated thereunder require that a Certified Installer submit this checklist and that the manufactured housing unit described herein has been inspected by me and found to meet the installation and habitability guidelines for relocated manufactured housing as promulgated by the PA - DCED Manufactured Housing Standards Division November 2013, or the most recent revision thereof. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that I am the owner of record or have the authority of the owner of record to grant that the Code official or his representative shall have the authority to enter the property and the manufactured housing unit, at any reasonable hour during the installation process, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge and belief.

INSTALLER SIGNATURE: \_\_\_\_\_ I.D.# \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME (legibly): \_\_\_\_\_ Phone No.: \_\_\_\_\_

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



# MANUFACTURED HOME CERTIFICATE OF COMPLIANCE

HOUSING STANDARDS DIVISION  
Commonwealth Keystone Building  
400 North Street, 4th Floor  
Harrisburg, PA 17120-0225**PROVIDE A COMPLETED FORM TO THE CODE OFFICIAL AND THE RESIDENT****CERTIFICATION**

I certify that the relocated manufactured home referenced on this form is in compliance with the Manufactured Housing Improvement Act (35 P.S. 1658) as amended on May 8, 2012.

\_\_\_\_\_  
Installer Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Installer Name\_\_\_\_\_  
HUD License Number\_\_\_\_\_  
Valid Through**HOME INFORMATION**1. RESIDENT (IF APPLICABLE):  
\_\_\_\_\_  
\_\_\_\_\_2. ADDRESS OF HOME INSTALLATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_3. CITY:  
\_\_\_\_\_4. STATE:  
\_\_\_\_\_5. ZIP:  
\_\_\_\_\_6. DATE OF INSTALLATION:  
\_\_\_\_\_  
\_\_\_\_\_7. MANUFACTURER NAME:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_8. SERIAL NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_9. YEAR OF MANUFACTURE:  
\_\_\_\_\_  
\_\_\_\_\_**CONSTRUCTION CODE INFORMATION**1. CONSTRUCTION CODE OFFICIAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_2. MUNICIPALITY:  
\_\_\_\_\_  
\_\_\_\_\_3. COUNTY:  
\_\_\_\_\_  
\_\_\_\_\_