

Trumbull County Combined Health District
176 Chestnut Ave. NE
Warren, OH 44483
330-675-2489 ***** www.tcchd.org

Application for Manufactured Home Inspection

Park Information

Mobile Home Park: _____ Date: _____
Mobile Home Operator: _____
Address: _____
Phone #: _____

Unit Information

Address / Lot Number: _____ In Park: Yes No
Home Owner Name: _____ Unit: New Used
Home Owner Phone: _____ New Pad: Yes No
Serial Number of Unit: _____
Manufactured Home Installation Manual: _____ Yes No
Name of Manufacturer: _____ Year Built: _____
Proposed Method of Anchoring: _____

Installer Information

Installer: _____ Installer License #: _____
Installer Phone Number: _____

Do not write below this line.

OMHC Seal #: _____ Date Issued: _____ Permit #: _____

Record of Inspections:

Inspector Date

Foundation _____

Electrical _____

Final _____

Comments / Notes:

