

Trumbull County Health Department  
176 Chestnut NE  
Warren, OH 44483

Application for Manufactured Home Inspection  
in a Manufactured Home Park

**Park Information**

**Lot #** \_\_\_\_\_

Mobile Home Park: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Home Operator: \_\_\_\_\_

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

Phone # \_\_\_\_\_

**Installer Information**

Installer: \_\_\_\_\_ Installer License #: \_\_\_\_\_

Manufactured Home Installation Manual (If available) \_\_\_\_\_

Name of Manufacturer: \_\_\_\_\_ Year Built: \_\_\_\_\_

Proposed Method of Anchoring: \_\_\_\_\_

**Record of Inspections:**

Inspector Date

Foundation \_\_\_\_\_

Electrical \_\_\_\_\_

Final \_\_\_\_\_

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Date Issued: \_\_\_\_\_ Permit #: \_\_\_\_\_

Comments / Notes:

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