WALTON COUNTY BUILDING DEPARTMENT

Manufactured Home Inspection Standards

Pre-inspection # MP-_____

Homeowner's Name _____

Homeowner's Address _____

Homeowner's Phone No. _____ Email address _____

Parcel No. where manufactured home will be set up ____-____-____-_____-_____-_____

Is the manufactured home located on the property that it will be permitted? ☐ Yes ☐ No

Year of the mobile home _____ Color_____ Valuation $ _____

Is the mobile home a Single wide _____ Double wide _____ Triple wide _____

Directions to Unit (Please give exact directions to manufactured home)

_____

_____

_____

AFFIDAVIT

I, the applicant for this manufactured home inspection, understands that I must comply with all inspection requirements contained in Section 5.07.11 of the Walton County Land Development Code for the placement of my manufactured home. I understand that completion of such inspection in no way exempts the owner from complying with other land use regulations, flood regulations, building codes, etc. that may be applicable.

I understand that the manufactured home brought into Walton County for inspection must remain on wheels (ready for highway transport) until such time that it is accepted by the Building Department.

I understand that if the Building Department accepts the manufactured home as an adequate and other than a substandard housing unit, that a permit to place the manufactured home permanently on site must be applied for or the manufactured home must be removed. During the inspection if a remodel permit is needed you must apply for a remodel and mobile home permit within thirty (30) days of inspection. Further, if the Building Department finds the manufactured home substantially damaged or deteriorated beyond repair, the applicant must have the manufactured home removed from the property within ten (10) days from the date of such finding.

I understand the inspector must have access to the interior of the mobile or manufactured home.
If any personal possessions are inside, the owner must be present during the inspection.

_____ / _____

Signature of Owner/Applicant Print Name

_____

Date