**Comfort Heating**

This manufactured home has been designed to meet the requirements of the federal manufactured home construction and safety standards for all locations within the U.O. Value Zone 1 and 2.

The heating equipment must have the capacity to maintain an average 70°F temperature in the home at outdoor temperatures of -30°F.

- **Air conditioner provided at factory (Alternate 1)**
  - The air conditioner provided in the home is in accordance with the appropriate air conditioning and refrigeration equipment standards.
  - The exact air conditioning system provided in the home has been sized assuming an orientation of the front (north) end of the home facing north.

**Comfort Cooling**

- **Air conditioner not recommended (Alternate B)**
  - The air conditioning system of this home is not suitable for the installation of central air conditioning.

**Electrical**

- The electrical system is designed to meet the requirements of the National Electrical Code.

**Construction**

- The home is constructed to meet the requirements of the Uniform Federal Housing Code.

**Location**

- The home is located in Zone 1 and is surrounded by other manufactured homes.

**Design**

- The design wind load zone map is provided for reference.

**Load Zone Map**

- The load zone map indicates the wind load zones for the home.

**Numerical Values**

- The numerical values represent the various construction and design specifications for the home.

**File Copy**

- The file copy is for reference and includes all relevant numerical values and specifications.
TRUCK DECAL ORDER FORM

NAME OF COMPANY: ____________________________

MAILING ADDRESS: ____________________________

__________________________

__________________________

INSTALLER/TRANSPORTER LICENSE NO. ________________

*TRUCK DRIVER’S NAME (s): ____________________________

<table>
<thead>
<tr>
<th>TRUCK #</th>
<th>** VEHICLE TAG #</th>
<th>STATE</th>
<th>VIN# / SERIAL #</th>
<th>TRUCK MAKE</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Driver(s) required to be an employee of the company or have their own installer/transporter license.
(Driver must have a current valid photo ID issued by the State Fire Marshal’s Office)

** Attach photographs of each of the vehicle tags
# Certificate of Liability Insurance

**Important:** This certificate holder is an additional insured, the policyholder must be notified if subrogation is turned on. Subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement.

<table>
<thead>
<tr>
<th>INSURED A</th>
<th>INSURED B</th>
<th>INSURED C</th>
<th>INSURED D</th>
<th>INSURED E</th>
<th>INSURED F</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME</td>
<td>NAME</td>
<td>NAME</td>
<td>NAME</td>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>ADDRESS</td>
<td>ADDRESS</td>
<td>ADDRESS</td>
<td>ADDRESS</td>
<td>ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
<td>CITY</td>
<td>CITY</td>
<td>CITY</td>
<td>CITY</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>STATE</td>
<td>STATE</td>
<td>STATE</td>
<td>STATE</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

**Coverages**

This is to certify that the policies of insurance listed below are endorsed hereunder with restrictions, limitations, exclusions, and conditions of such policies. Limits shown may not be increased or modified without the written consent of the policyholder.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Limits</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certificate Holder**

(601) 359-1046

Mississippi Insurance Department
Office of the Fire Insurance
PO Box 79
Jackson, MS 39205

**Authorization Representative**

ACORD 38 (2/1995) © 1995-2019 ACORD Corporation. All rights reserved.
SURETY BOND FOR Licensure WITH  
THE MISSISSIPPI FIRE MARSHAL’S OFFICE, FACTORY BUILT HOME DIVISION  

STATE OF _____________________________________________________________  
COUNTY OF __________________________________________________________

This form shall not be altered in any way

Part 1: Bond, Surety, and Principal.

<table>
<thead>
<tr>
<th>Bond #:</th>
<th>Original Bond Date of Issuance:</th>
<th>If a Continuation Bond, Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Surety Company:</td>
<td>NAIC # of Surety Company:</td>
<td>MID License Number of Surety Company:</td>
</tr>
<tr>
<td>Name of Principal (Licensee)</td>
<td>Applicant License Number:</td>
<td>Amount of Bond:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ (as required by Regulation MH-2008-1)</td>
</tr>
</tbody>
</table>

Part 2: Type and Bound Amount

The type and amount of the Bond for one year commencing on the original date of issuance or continuation stated herein above at Part 1 is as follows:

(License Type), Bond Equal to (amount as required by Regulation) current U.S. Dollars ($ amount)

Part 3: KNOW ALL MEN BY THESE PRESENTS THAT, the Principal and Surety, who, after being duly sworn, deposed and said:

That they are firmly bound unto the Commissioner of Insurance, State of Mississippi, in his position as State Fire Marshal, or his successor in office, under the Surety Bond, delivered in addition with the general liability insurance coverage, conditioned upon the Principal well and faithfully discharging and performing the duties incumbent upon him under the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1;

That the condition of this obligation is such that if the above named Principle shall well and faithfully discharge and perform the duties incumbent on him under the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1, then in such case the above obligation is to become null and void, else to remain in full force, effect and virtue;

That the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1, for Principals and Sureties are applicable;

That any Consumer who sustains loss or damage by reason of any act or omission covered by this Bond may, in addition to any other remedy, bring an action in his/her name on this Bond for the recovery of damages sustained by the Consumer. Said action must be brought before said Obligee, or the Obligee’s agent, who must validate the claim and determine the amount of loss or damage sustained by the Consumer. Upon a determination of loss, the Obligee may make a claim to include administrative cost against the Bond up to the penal sum. Regardless of the number of years this Bond remains in force or the number of claims brought against the Bond, said Surety shall not be obligated to pay any sums in excess of the stated aggregate penal sum of the Bond.

That this Surety Bond shall not be terminated unless the Surety provides at least sixty (60) days’ prior written notice will have been filed with the Commissioner of Insurance, State of Mississippi, P.O. Box 79, Jackson, MS 39205, and given to the Principal;

That this obligation may be continued for any subsequent year by a continuation certificate duly signed and sealed by the Principal and Surety, subject to the terms and conditions of the original bond, and filed with the Commissioner of Insurance, State of Mississippi;

That the Obligee may bring claim against the Bond up to twelve (12) months after the Bond has been terminated or has been cancelled for any liabilities accrued while the bond was in force.

IN WITNESS THEREOF, Principal and Surety have executed this Bond on the dates stated herein below.

Part 4. Signatures and Notary. Complete all information

By:

Principal ___________________________ Date ___________________________ 
Surety’s Authorized Representative ___________________________ Date ___________________________ 

Print Name __________________________________________________________ 
Print Name/Title of Surety’s Authorized Representative ___________________________ 

Physical Address of Principal ____________________________________________ 
Physical Address of Surety ____________________________________________ 

Subscribed and sworn to before me this the __________ day of __________, 20__. 

____________________________________________________________________ 
Notary Public 

(Seal of Notary Public)

If a Power of Attorney used, a copy of the Power of Attorney or the Authorized Agent of the Surety Company must accompany the Bond.
PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR THE PROPERTY LOCATOR/CERTIFICATE OF INSTALLATION FORM

RETAILER/DEVELOPER: To ensure compliance with Miss. Code Ann. § Section 75-49-9(2), it shall be the responsibility of each retailer/developer to submit a legible and properly completed Property Locator/Certificate of Installation, signed by the retailer/developer and the installer/transporter, to the Factory-Built Home Division of the State Fire Marshal’s Office for all factory-built, manufactured, mobile or modular homes within seventy-two (72) hours (3 days) of the completion of the installation of home during regular business hours.

INSTALLER/TRANSPORTER: To ensure compliance with Miss. Code Ann. § Section 75-49-9(2), it shall be the responsibility of each installer/transporter to submit a legible and properly completed Property Locator/Certificate of Installation form to the Factory-Built Home Division of the State Fire Marshal’s Office for all Secondary Installations of factory-built, manufactured, mobile or modular homes within seventy-two (72) hours (3 days) of the completion of the installation of home during regular business hours.

To access the State Fire Marshal’s web site for the Property Locator/Certificate of Installation form type in the following address link:

www.mid.ms.gov/sim/pdf/instrplocinstallertrans.pdf

To e-mail a scanned copy of the properly completed and signed Property Locator/Certificate of Installation, please use the following address:

manhousing@mid.ms.gov
PROPERTY LOCATOR/ CERTIFICATE OF INSTALLATION

Retailer/Developer Name: ________________________________
License No.: ______________________________________
Address: ________________________________________
City/State/Zip: ____________________________
Phone No.: ____________________________
Fax No.: ____________________________
Email (if available): ________________________________

☐ Secondary Installation

Installers Name: ________________________________
License No.: ______________________________________
Address: ________________________________________
City/State/Zip: ____________________________
Phone No.: ____________________________
Fax No.: ____________________________
Email (if available): ________________________________

Serial #: ____________________________
HUD #: ________________
Wind Zone: _______ Unit Size: ________________
☐ New Home ☐ Single wide ☐ Double wide
☐ Used Home ☐ Triple wide ☐ Modular/Other
Model: ________________ Year: ________________
Manufacturer: ________________________________

☐ Hunting/Fishing Camp* ☐ Storage* (* If checked: Requires Affidavit of Homeowner Statement attached to this form)

FLOOD ZONE: ☐ Home is not in a flood zone ☐ Home is in a flood zone ☐ FEMA Engineered foundation drawing attached
SITE PREPARATION BY: ☐ Contractor ☐ Homeowner/Landowner ☐ Installer/Transporter ☐ Retailer/Developer
TYPE OF PONATION SYSTEM: ☐ Oliver ☐ Tie Down ☐ Minute Man ☐ Other:
VAPOR BARRIER: ☐ Used Home – Advised Homeowner that Installation Recommended ☐ New Home – Installation Required

Soil Classification Test Probe Information (Installer only):

Soil test probe reading (ft-lbs): ________________
Depth of Probe for reading (ft): ________________
(Right front) (Left front)
Soil test probe reading (ft-lbs): ________________
Depth of Probe for reading (ft): ________________
(Front Center) (Rear center)
(Left rear)
Class of anchor used**:
(If no soil tests were conducted C4 anchors shall be installed.

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

☐ Retailer ☐ Developer (Print Name) ________________________________ (Signature)

Installer (Print Name) ________________________________ (Signature)

Whoever fails to comply with any 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: ________________________________

☐ Passed ☐ Passed w/Violations ☐ Failed (Follow-up req’d) Inspection Decal No. ________________________________

DIRECTIONS TO HOME: Directions must start from a known (be specific) starting point so that the Inspector may proceed to the location of the manufactured home. For example, use route # and pertinent street and road names. Use left, right and 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.
STATE FIRE MARSHAL'S OFFICE
DIVISION OF THE MISSISSIPPI INSURANCE DEPARTMENT
660 NORTH STREET, SUITE 100B
JACKSON, MISSISSIPPI 39202
www.mld.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-1061
FAX: (601) 359-1178

AFFIDAVIT OF HOMEOWNER STATEMENT

BLOCK 1: Installer / Transporter Information
Company Name:
Company Address:
Telephone No.:
License No.:

BLOCK 2: Home Owner Information
Name:
Address:
Telephone No.:
Factory Built Home Information:
Serial No.: HUD No.:

BLOCK 3: Statement of Facts
The intended use for the Factory-Built home is (check all that apply):
☐ Storage; ☐ Hunting / Fishing Camp; ☐ Other (specify): ____________________________.

The undersigned hereby certifies that the above identified Factory-Built home will be occupied for use other than human habitation. Any use of the above home as a dwelling unit (human habitation) will constitute a violation of the Rules and Regulations for the Uniform Standards Code for Factory-Built Homes Law, Rule 5.03.3-4.(1), and Mississippi Code §75-49-1, et seq; §75-49-11.

(Please mail to: State Fire Marshal's Office, P. O. Box 79, Jackson, MS 39205 or fax to (601) 359-1076)

BLOCK 5: Signature (Notarization is REQUIRED)

__________________________
(Signature of Homeowner)

__________________________
(Printed Name of Homeowner)

State of ________________
County of ________________

Before me personally appeared the person (s) whose signature (s) appear above, who by being sworn, upon oath, say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this __________ day of __________________, 20___.

__________________________
(Name of Notary Public) SEAL

__________________________
(Commission Expires) Notary Public State of Mississippi
PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR THE
MODULAR HOME PROPERTY LOCATOR/
CERTIFICATE OF INSTALLATION FORM

RETAILER/DEVELOPER/MODULAR CONTRACTOR: To ensure compliance with Regulation ME-2007-3 and Miss. Code Ann. § Section 75-49-9(2), it shall be the responsibility of each Retailer/Developer/Modular Contractor to submit a legible and properly completed Modular Home Property Locator/Certificate of Installation, signed by the Retailer/Developer/Modular Contractor and the installer/transporter, to the Factory-Built Home Division of the State Fire Marshal’s Office for all modular homes within seventy-two (72) hours (3 days) prior to the delivery or installation of the home during regular business hours.

The Retailer/Developer/Modular Contractor is required to provide the following:

   a. Request in writing a serial numbered Installation Decal from the Factory-Built Home Division of the State Fire Marshal’s Office prior to the home being delivered to the site.

   b. Attach a copy of the Installer’s Certification from the Manufacturer to the Modular Home Property Locator/Certificate of Installation.

INSTALLER/TRANSPORTER: To ensure compliance with Regulation ME-2007-3 and Miss. Code Ann. § Section 75-49-9(2), it shall be the responsibility of each Installer/transporter to submit a legible and properly completed Modular Home Property Locator/Certificate of Installation form to the Factory-Built Home Division of the State Fire Marshal’s Office for all Secondary Installations of factory-built, modular homes within seventy-two (72) hours (3 days) prior to the delivery or installation of the home during regular business hours.

The Installer/Transporter is required to provide the following:

   a. Request in writing a serial numbered Installation Decal from the Factory-Built Home Division of the State Fire Marshal’s Office prior to the home being delivered to the site.

   b. Submit a copy of the Installer’s Certification from the Manufacturer to the Modular Home Property Locator/Certificate of Installation.

To access the State Fire Marshal’s web site for the Modular Home Property Locator/Certificate of Installation form type in the following address link:


To e-mail a scanned copy of the properly completed and signed Modular Home Property Locator/Certificate of Installation, please use the following address:

manhousing@mid.ms.gov
State of Mississippi Fire Marshal’s Office
Factory-Built Home Division
P.O. Box 79
Jackson, MS 39205-0079
Fax #: (601) 359-1076 or e-mail: manhousing@mid.ms.gov
Revised 8/2017

MODULAR HOME PROPERTY LOCATOR/CERTIFICATE OF INSTALLATION

Retailer/Developer/Modular Contractor Name: _____________________________

License No.: _____________________________
Address: _____________________________
City/State/Zip: _____________________________
Phone No.: _____________________________
Fax No.: _____________________________
Email (if available): _____________________________
□ Secondary Installation

Installers Name: _____________________________
License No.: _____________________________
Address: _____________________________
City/State/Zip: _____________________________
Phone No.: _____________________________
Fax No.: _____________________________
Email (if available): _____________________________
□ Certified Installer (Attach Copy of Manufacturer Certificate)

Serial #: _____________________________
Wind Zone: _____________________________
□ New Home □ Single wide □ Double wide
□ Used Home □ Triple wide: Other: _____________________________
Model: _____________________________
Manufacturer: _____________________________
Year: _____________________________
Installation Decal #: _____________________________

□ Hunting/Fishing Camp* □ Storage* (* If checked: Requires Affidavit of Homeowner Statement attached to this form)

FLOOD ZONE: □ Home is not in a flood zone □ Home is in a flood zone □ FEMA Engineered foundation drawing attached
SITE PREPARATION BY: □ Contractor □ Homeowner/Landowner □ Installer/Transporter □ Retailer/Developer

TYPE OF PAN FOUNDATION SYSTEM: □ Oliver □ Tie Down □ Minute Man □ Other: _____________________________

VAPOUR BARRIER: □ Used Home – Advised Homeowner that Installation Recommended □ New Home- Installation Required

TYPE OF FOUNDATION: □ Off-frame (Engineer Designed) □ On-Frame (Block Foundation with Tie Downs/Anchors)

SOIL DENSITY RESULTS:

Soil test probe reading (ft-lbs):
Depth of Probe for reading (ft):
Soil test probe reading (ft-lbs):
Depth of Probe for reading (ft):
(Right front) (Left front)
(Right rear) (Left rear)
Soil test probe reading (ft-lbs):
Depth of Probe for reading (ft):
(Front Center) (Rear center)
Class of anchor used**:
("** If no soil tests were conducted C4 anchors shall be installed.

I HEREBY CERTIFY THAT THIS HOME IS INSTALLED ACCORDING TO THE MANUFACTURER’S SPECIFICATIONS OR, IF A USED HOME, ACCORDING TO ME-2007-3, AS AMENDED AND IS READY FOR INSPECTION ON THIS DATE:
□ Retailer/Developer □ Modular Contractor (Print Name) (Signature)

Installer (Print Name) (Signature)

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” (ME-2007-3) Section 75-49-19, Mississippi Code 1972, Annotated, shall be subject to penalties as described by law.

Date Inspected: _____________________________ Fire Marshal’s Signature:

DIRECTIONS TO HOME: Directions must start from a known (be specific) starting point so that the inspector may proceed to the location of the manufactured home. For example, use route # and pertinent street and road names. Use left, right and 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.
The Decals must be requested in writing prior to the delivery of the home.

The information on the decal filled in by the installer at time of the installation and attached to the door of the electrical panel box in the modular home.

A photograph of the installed decal is required to be sent to the State Fire Marshal’s Office.

INSTALLATION DECAL #: MOD 0001

DATE OF INSTALLATION: ________________________

INSTALLER NAME: ____________________________

LICENSE #: ________________________________

HOME ADDRESS: ______________________________


THIS DECAL SHALL REMAIN THE PROPERTY OF THE STATE OF MISSISSIPPI, IS NOT TRANSFERABLE AND IS TO BE SURRENDERED UPON DEMAND.
STATE FIRE MARSHAL’S OFFICE
DIVISION OF THE MISSISSIPPI INSURANCE DEPARTMENT
660 NORTH STREET, SUITE 100B
JACKSON, MISSISSIPPI 32202
www.mid.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 35226-0079
TELEPHONE: (601) 359-1061
FAX: (601) 359-1076

CERTIFICATE OF INSPECTION

RETAILER
Name: AFFORDABLE MOBILE HOMES, INC.
License No: 9905071
Address: 4100 HIGHWAY 63
City/State/Zip Code: MOSS POINT MS 39563-6401
Telephone: 228-475-1111

INSTALLER/TRANSPORTER
Name: PRECISION MOVERS INC.
License No: 9906258
Address: P. O. BOX 550
City/State/Zip Code: SAUCIER MS 39574
Telephone: 228-831-4873

CONSUMER NAME AND LOCATION OF HOME
Consumer: Pearce, Dustin
E911 Address: 24255 Saucier Advance Road, Saucier, MS 39574
Telephone#: 228-213-7216
County where home is located: Harrison
Date of Inspection: 07/24/2018
Inspection Decal No: FM0905 (Fire Marshal Only)
File Number: 19070048

INFORMATION FROM PROPERTY LOCATOR FORM
Serial#: DVAL11606026AB
HUD#: NTA1675889/890
Wind Zone#: III
New/Used: New
Home Size: Doublewide
Manufacturer Name: Deer Valley
Year of Home: 2015
Model of Home:
Width of Home: 32
Length of Home: 68

I HEREBY CERTIFY THAT THIS HOME HAS PASSED INSPECTION.

[Signature]
Deputy Supv.,
Factory-Built Home Division

10/09/2018
Date
AFFIDAVIT / CORRECTION STATEMENT

BLOCK 1: Retailer or Installer / Transporter Information

Company Name: 
Inspected: 08/01/2017
Company Address: 
Deputy Fire Marshal: Lisa Jones
Telephone No.: 601-341-8850  File Number: 18070067  License No.: 10029763

BLOCK 2: Home Owner Information

Name(s): 
Address: 23055 Pine St, Klin, MS 39556
Decal No.: FM0652  Telephone No.: 228-547-2128  Serial No.: 32479  HUD No.: NTA12713764

BLOCK 3: Items to be Corrected

1. The soil pad under home was not properly crowned and sloped.
2. Depressions or tire ruts were present in the soil pad under the home.
* For further details on the above items, contact the Deputy through the main office at (601) 359-1061.

BLOCK 4: Statement of Facts

The undersigned hereby certifies that all corrections have been made and the above home has been installed in accordance with the Rules and Regulations for the Uniform Standards Code for Factory-Built Homes Law, Section 75-49-1, et seq., Mississippi Code, 1972, as amended.
(Please mail to: State Fire Marshal's Office, P.O. Box 79, Jackson, MS 329205 or fax to (601) 359-1976)

BLOCK 5: Signature (Notarization is REQUIRED)

__________________________
(Signature of the authorized representative from Block 1)

__________________________
(Printed name and title of the authorized representative from Block 1)

Before me personally appeared the person(s) whose signature(s) appear above, who by being sworn, upon oath, say that the statements set forth hereabove are true and correct. Subscribed and sworn before me on this ___________ day of ___________ 20__

__________________________
(Name of Notary Public)

__________________________
(Commission Expires)

Notary Public State of Mississippi

MUST BE RETURNED IN 20 DAYS
Standard Transportation and Installation Contract

INSTALLER COMPANY INFORMATION:

Address__________________________________________
License Number____________________________________
Insurance Carrier ______________________ Policy #________________________

HOMEOWNER INFORMATION:

Name: ______________________ Phone: ________________
Bill To: ______________________ Size: ________________
Make________________________ Serial#________________
Move From: ____________________ Miles: ______________
Move To______________________
Special Instructions: __________________________________________

**NOTICE: ALL PRICES QUOTED USING CUSTOMER’S PARTS. ANY ADDITIONAL CHARGES (BRIDGING, MATTING, WINCHING, OR ANY WORK NOT INCLUDED IN TOTAL PRICE) WILL BE CHARGED AT COST. ONLY ITEMS PRICED OR CHECKED (on the Right) ARE INCLUDED IN THIS CONTRACT FOR THE TOTAL PRICE LISTED. ADDITIONAL SUPPLIES OR EQUIPMENT TO BE CHARGED AS FOLLOWS:

**Add Hrs.: ______________________________________

TOTAL PRICE: $_________________________

All parties herein must have a copy of this agreement prior to any work being performed or it is a violation of law.

CUSTOMER/AUTHORIZED AGENT DATE

TRANSPORTER / INSTALLER DATE

NO GAS, PLUMBING, OR ELECTRIC HOOKUP PERFORMED BY TRANSPORTER OR INSTALLER (UNLESS OTHERWISE NOTED).

**ADDITIONAL CHARGES ARE PAYABLE AT TIME OF JOB COMPLETION.

(Checked Version: February 7, 2013)
HOW TO DETERMINE THE PROPER DIMENSIONS OF THE SITE PREPARATION
(A SOIL PAD OR CROWNED AND GRADED AREA UNDER THE HOME)
REQUIRED FOR A SINGLE WIDE MOBILE HOME INSTALLATION

W = ½ of the width of the home, ft.
D = distance of pad from the edge of the home = 10 ft
d = Depth of the soil at the center of the home, inches.

d = (W + D)/2

example calculation:

A singlewide home is 14 ft wide by 60 ft long. The dimensions of the soil pad for this home will be
14 ft (width of home) + 20 ft (10 ft on each side of the home) = 34 ft wide
60 ft (length of home) + 20 ft (10 ft on each end of the home) = 80 ft long

Calculation for the depth of soil at the center of the home for a pad with a ½ inch per foot slope :
W = 7 ft
D = 10 ft

d = (7 + 10)/2 = 17/2 = 8.5 inches
To perform an approximate calculation of the volume of material to create the soil pad, the following equation can be used:

\[(d/12) \times WS \times LS\]  
Approximate number of yards of material to build the soil pad.  
\[\text{27 cu. Ft/yd}\]

Example calculation:
For a single wide home that is 14 ft x 60 ft in size the following is a calculation of the estimated number of yards of soil material required to create the soil pad with the \(\frac{3}{4}\) inch slope:

For the above size of the home the dimensions of the soil pad will be 36 ft wide by 100 ft long. Soil pad will extend out 10 ft beyond all sides of the home.

If:
\[d = \text{depth of soil at the center of the soil pad, inches} = 8.5\]
\[WS = \frac{3}{4} \times \text{the width of the soil pad} = \frac{3}{4} \times 34 \text{ ft} = 17 \text{ ft}\]
\[LS = \text{Length of the soil pad} = \text{Length of the home (60 ft)} + 20 \text{ ft} = 80 \text{ ft}\]

Using the above equation:

\[(d/12) \times WS \times LS = \frac{0.75 \times 17 \times 80}{27} = \text{Approx. 38 yards of material will be needed.}\]

Loose sands or loose gravel or other material having a soil bearing capacity less than 2000 pounds per square foot (psf) are not to be uses as the soil pad fill material.
HOW TO DETERMINE THE PROPER DIMENSIONS OF THE SITE PREPARATION
(A SOIL PAD OR CROWNED AND GRADED AREA UNDER THE HOME)
REQUIRED FOR A MOBILE HOME INSTALLATION

\[ W = \frac{1}{2} \text{ of the width of the home, ft.} \]
\[ D = \text{distance of pad from the edge of the home} = 10 \text{ ft} \]
\[ d = \text{Depth of the soil at the center of the home, inches.} \]

\[ d = \frac{(W + D)}{2} \]

example calculation:

A doublewide home is 28 ft wide by 60 ft long. The dimensions of the soil pad for this home will be
28 ft (width of home) - 20 ft (10 ft on each side of the home) - 48 ft wide
60 ft (length of home) + 20 ft (10 ft on each end of the home) = 80 ft long

Calculation for the depth of soil at the center of the home for a pad with a \( \frac{1}{2} \) inch per foot slope:
\[ W = 14 \text{ ft} \]
\[ D = 10 \text{ ft} \]
\[ d = \frac{(14 + 10)}{2} = 24/2 = 12 \text{ inches} \]
To perform an **approximate calculation of the volume of material to create the soil pad** the following equation can be used:

\[
\frac{d}{12} \times WS \times LS \quad \text{Approximate number of yards of material to build the soil pad.}
\]

27 cu. Ft/yd

Example calculation:

For a doublewide home that is 28 ft × 60 ft in size the following is a calculation of the estimated number of yards of soil material required to create the soil pad with the \( \frac{1}{2} \) inch slope:

For the above size of the home the dimensions of the soil pad will be 48 ft wide by 80 ft long. Soil pad will extend out 10 ft beyond all sides of the home.

If:

- \( d = \) depth of soil at the center of the soil pad, inches = 12
- \( WS = \frac{1}{2} \) the width of the soil pad = \( \frac{1}{2} \times 48 \) ft = 24 ft
- \( LS = \) Length of the soil pad = Length of the home (60 ft) + 20 ft = 80 ft

Using the above equation:

\[
\frac{d}{12} \times WS \times LS = \frac{12}{12} \times 24 \times 80 = \text{Approx. 71 yards of material will be needed.}
\]
Affidavit of Homeowner Statement
Regarding Installation of Moisture Barrier Under the Home

According to Rule 5.06.1-11 of the Rules and Regulations MH-5 for the Uniform Standards Code for the Factory-Built Home Law, **a moisture barrier** (6 mil polyethylene sheeting or equivalent) **is recommended to be placed on the ground below the used Factory-Built home when the area under the home is to be enclosed with skirting or other materials.**

Name of Homeowner: _____________________________________________
Address of Home: ___________________________________________________
Serial #:_________________________   HUD #:______________________________

The undersigned hereby certifies that that they have been made aware of the above Regulation recommending the installation of a vapor barrier on the ground under their Factory-Built home if the home is to be skirted and **hereby, knowingly and willingly elect to not have the moisture barrier installed.**

___________________________________________________
(Print Name of Homeowner)

___________________________________________________
(Signature of Homeowner)

State of _________________
County of _______________

Before me personally appeared the person (s) whose signature (s) appear above, who by being sworn, upon oath, say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this ___________day of _____________________ 20_____.

___________________________________________________
(Name of Notary Public) SEAL

___________________________________________________
(Commission Expires)

Notary Public State of Mississippi
### Additional Tie Downs Per Max Pier Height

<table>
<thead>
<tr>
<th>Pier Height, inches</th>
<th>Extra # of Tie Downs / Side</th>
<th>Total # of Extra Tie Downs</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 or less</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24+ - 36</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36+ - 48</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>48+ - 60</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>60+ - 72</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>72+ - 80</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>