

STATE OF MISSISSIPPI
FACTORY-BUILT HOME DIVISION
OFFICE OF THE FIRE MARSHAL
P. O. BOX 79
JACKSON, MS 39205
TELEPHONE NO. (601) 359-1061
FAX NO. (601) 359-1076
WATTS NO. 1-888-648-0877

TRUCK DECAL ORDER FORM

NAME OF COMPANY: _____

MAILING ADDRESS: _____

INSTALLER/TRANSPORTER LICENSE NO. _____

*TRUCK DRIVER'S NAME (s): _____

TRUCK #	** VEHICLE TAG #	STATE	VIN# / SERIAL #	TRUCK MAKE	YEAR

*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

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, 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(s).

PRODUCER	CONTACT NAME	
	PHONE	
INSURED	FAX	
	EMAIL	
	ADDRESS	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1612 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	INSURER	POLICY NUMBER	REVISION	PERIOD	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGS \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> PASSENGER AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> COE <input type="checkbox"/> RETENTION \$					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFER/EMPLOYEE EXCLUSION (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS (OTHER) \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	In-transit Cargo/Install					Limit Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
(601) 358-1076	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Mississippi Insurance Department Office of the Fire Marshall PO Box 79 Jackson, MS 39205	AUTHORIZED REPRESENTATIVE

**SURETY BOND FOR LICENSURE WITH
THE MISSISSIPPI FIRE MARSHAL'S OFFICE, FACTORY BUILT HOME DIVISION**

Revised 06/2015

STATE OF _____
COUNTY OF _____

This form shall not be altered in any way

Part 1: Bond, Surety, and Principal.

Bond #:	Original Bond Date of Issuance:	If a Continuation Bond, Effective Date
Name of the Surety Company:	NAIC # of Surety Company:	MID License Number of Surety Company:
Name of Principal (Licensee)	Applicant License Number:	Amount of Bond: \$ (as required by Regulation MH-2008-1)

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 Principal 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 Oblige, or the Oblige'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 Oblige 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 Oblige 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 THEROF, 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/sfm/pdf/inthroplocinstallertrans.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

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

PROPERTY LOCATOR/ CERTIFICATE OF INSTALLATION

Retailer/Developer Name: _____
License No.: _____
Address: _____
City/State/Zip: _____
Phone No.: _____
Fax No.: _____
Email (if available): _____

Secondary Installation

Consumer's Name: _____
Address: _____
City/State/Zip: _____
Phone No.: _____
County Where Home is Located: _____
Date of 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 PAN FOUNDATION 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): _____ Soil test probe reading (ft-lbs): _____
Depth of Probe for reading (ft): _____ 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 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 an 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

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

RICKY DAVIS
State Chief Deputy Fire Marshal

660 NORTH STREET, SUITE 100B
JACKSON, MISSISSIPPI 39202
www.mid.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-1061
FAX: (601) 359-1076

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:

www.mid.ms.gov/sfm/pdf/ModularHomePropertyLocator-Certificate.pdf

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**)

Consumer's Name: _____
 Address: _____
 City/State/Zip: _____
 Phone No.: _____
 County Where Home is Located: _____
 Date of Installation: _____

Serial #: _____
 Wind Zone: _____ Unit Size: _____
 New Home Single wide Double wide
 Used Home Triple wide: Other: _____
 Model: _____ Year: _____
 Manufacturer: _____
 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: _____
VAPOR 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 Classification Test Probe Information (Installer only):

Soil test probe reading (ft-lbs): _____	Soil test probe reading (ft-lbs): _____
Depth of Probe for reading (ft): _____	Depth of Probe for reading (ft): _____
(Right front) (Left front)	(Right rear) (Left rear)
Soil test probe reading (ft-lbs): _____	Class of anchor used** : _____
Depth of Probe for reading (ft): _____	
(Front Center) (Rear center)	(**) 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:
 _____ DAY OF _____, 20____.

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.

**STATE OF MISSISSIPPI
OFFICE OF THE FIRE MARSHAL
FACTORY-BUILT HOME DIVISION
JACKSON, MS**



INSTALLATION DECAL #: **MOD 0001**

DATE OF INSTALLATION: _____

INSTALLER NAME: _____

LICENSE #: _____

HOME ADDRESS: _____

THIS FACTORY-BUILT, MOBILE OR MODULAR HOME HAS BEEN INSTALLED IN COMPLIANCE WITH THE UNIFORM STANDARDS CODE FOR THE FACTORY-BUILT HOMES LAW (ME-2007-3). ANYONE TAMPERING WITH OR REMOVING THIS INSTALLATION DECAL FROM THIS UNIT WILL BE PROSECUTED AS SET FORTHIN THESE RULES AND REGULATION, AND SHALL BE SUBJECT TO USPENSION OR REVOCATION OF THEIR PRIVILEGE LICENSE. (MISSISSIPPI CODE ANN.,SECTION 75-49-1 ET SEQ., (1972 AND 2013 SUPP.).

THIS DECAL SHALL REMAIN THE PROPERTY OF THE STATE OF MISSISSIPPI , IS NOT TRANSFERABLE AND IS TO BE SURRENDERED UPON DEMAND.

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.



STATE FIRE MARSHAL'S OFFICE

DIVISION OF THE MISSISSIPPI INSURANCE DEPARTMENT

660 NORTH STREET, SUITE 100B
JACKSON, MISSISSIPPI 39202
www.mid.ms.gov

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

RICKY DAVIS
State Chief Deputy Fire Marshal

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
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

COPY

I HEREBY CERTIFY THAT THIS HOME HAS PASSED INSPECTION.

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.: 15029263

BLOCK 2: Home Owner Information

Name(s): _____
Address: 23055 Pine St, Kiln, MS 39556
Decal No.: FM0652 Telephone No.: 228-547-2128 Serial No.: 32479 HUD No.: NTA1757728

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 Home 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 39205 or fax to (601) 359-1076)

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 hereinabove, are true and correct. Subscribed and sworn before me on this _____ day of _____ 20____

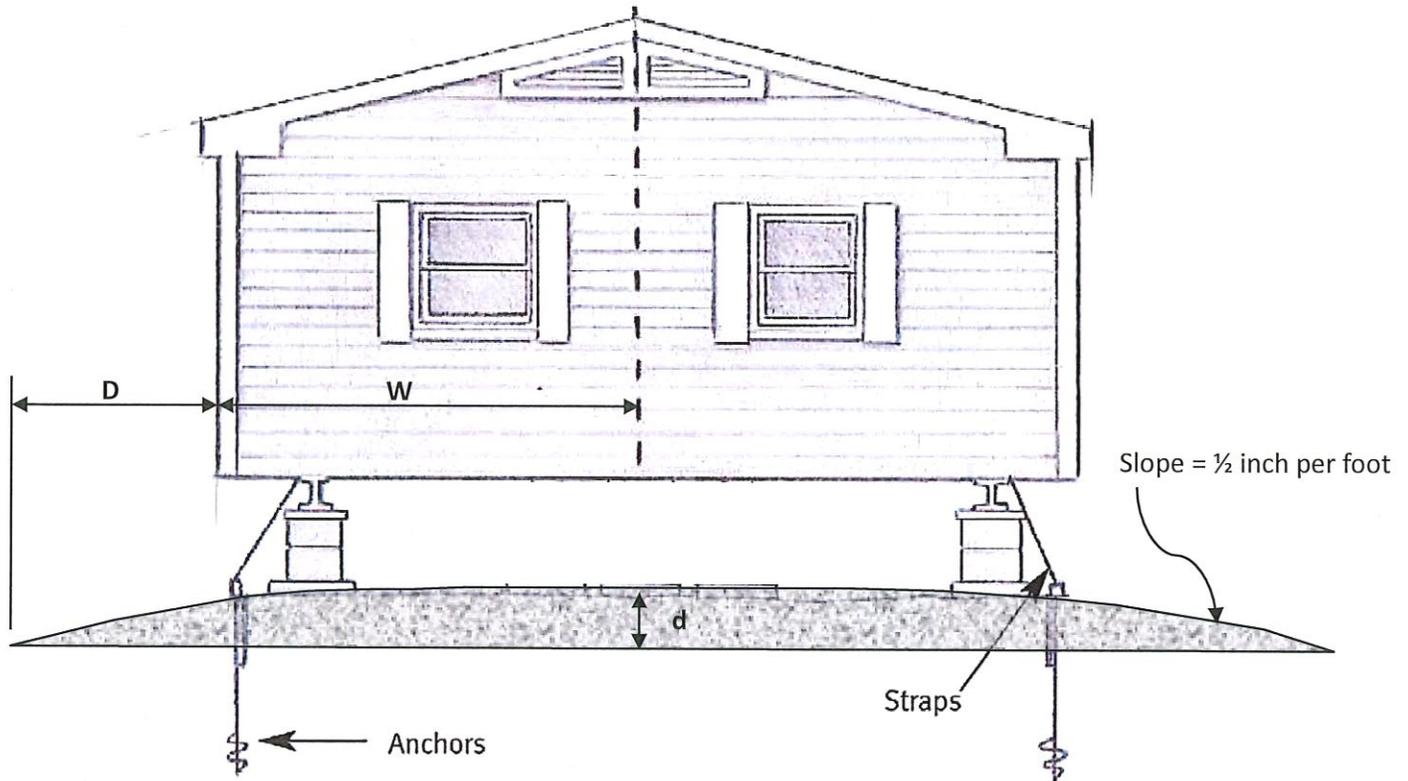
(Name of Notary Public)

SEAL

(Commission Expires)

Notary Public State of Mississippi

MUST BE RETURNED IN 20 DAYS



**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**

$W = \frac{1}{2}$ 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 $\frac{1}{2}$ inch per foot slope :

$W = 7$ ft

$D = 10$ ft

$$d = (7 + 10)/2 = 17/2 = 8.5 \text{ inches}$$

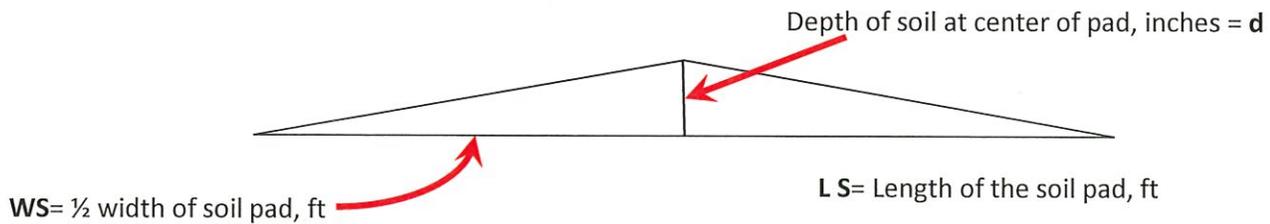


Figure 1a.

To perform an **approximate calculation of the volume of material to create the soil pad** the following equation can be used:

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

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 $\frac{1}{2}$ 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:

$d =$ depth of soil at the center of the soil pad, inches = 8.5

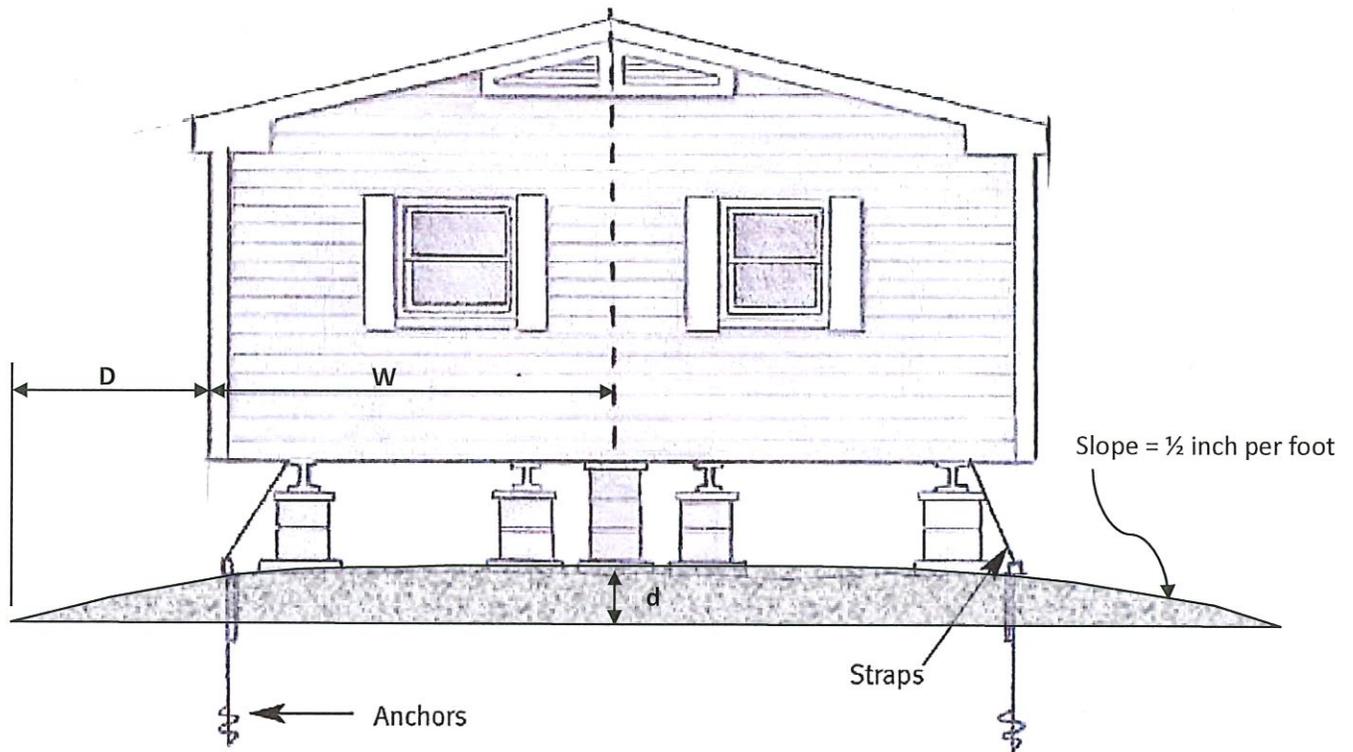
$WS = \frac{1}{2}$ the width of the soil pad = $\frac{1}{2} \times 34 \text{ ft} = 17 \text{ ft}$

$LS =$ Length of the soil pad = Length of the home (60 ft) + 20 ft = 80 ft

Using the above equation :

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

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 used 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**

$W = \frac{1}{2}$ 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 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 :

$W = 14$ ft

$D = 10$ ft

$$d = (14 + 10)/2 = 24/2 = 12 \text{ inches}$$

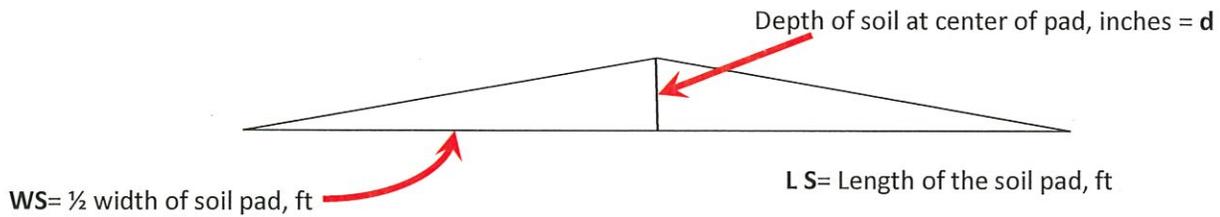


Figure 1a.

To perform an approximate calculation of the volume of material to create the soil pad the following equation can be used:

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

Example calculation:

For a doublewide home that is 28 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 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 = 1/2 the width of the soil pad = 1/2 x 48 ft = 24 ft

LS = Length of the soil pad = Length of the home (60 ft) + 20 ft = 80 ft

Using the above equation :

$$\frac{(d/12) \times WS \times LS}{27} = \frac{1.0 \times 24 \times 80}{27} = \text{Approx. 71 yards of material will be needed.}$$

**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

Pier Height, inches	Extra # of Tie Downs / Side	Total # of Extra Tie Downs
24 or less	0	0
24 ⁺ - 36	1	2
36 ⁺ - 48	2	4
48 ⁺ - 60	3	6
60 ⁺ - 72	4	8
72 ⁺ - 80	5	10