## PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR THE PROPERTY LOCATOR/CERTIFICATE OF INSTALLATION FORM

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

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

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

manhousing@mid.ms.gov

## State of Mississippi Fire Marshal's Office Factory-Built Home Division 239 N Lamar Street, Suite 101 Jackson, MS 39201 Fax #: (601) 359-1076 or E-mail: manhousing@mid.ms.gov

Revised 6/2021

## PROPERTY LOCATOR/ CERTIFICATE OF INSTALLATION

Retailer/Developer Name:	
License No.:	Installers Name:
Address:	
City/State/Zip:	Address:
Phone No:	City/State/Zip:
Fax No.:	Phone No:
Email:	- Fax No.:
Email: Secondary Installation	
Consumer's Name:	Serial #: HUD #:
Address:	HUD #: Wind Zone: Unit Size:
City/State/Zip:	
Phone No: County Where Home is Located:	□ Used Home □ Triple wide: □ Modular/Other
County where Home is Located:	Model: Year:
Date of Installation: Email:	Manufacturer:
<b>FLOOD ZONE:</b> Home is not in a flood zone Home is in a	Requires Affidavit of Homeowner Statement  attached to this form)    a flood zone     ☐ FEMA Engineered foundation drawing attached    Landowner     ☐ Installer/Transporter     ☐ Retailer/Developer
TYPE OF PAN FOUNATION SYSTEM : Oliver 1	Landowner  Instance/Transporter  Instance/Developer    Fie Down  Minute Man  Other:
Soil test probe reading (ft-lbs):	Class of anchor used**:
	IG TO MH-5, AS AMENDED AND IS READY FOR INSPECTION
Retailer (Print Name)	(Signature)
Installer (Print Name)	(Signature)
	Fire Marshal's Office under the provisions of "The Uniform -49-19, Mississippi Code 1972, Annotated, shall be subject to
Date Inspected: Fire Marshal's	Signature:
□ Passed □ Passed w/Violations □ Failed (Follow-up i	req'd) Inspection Decal No
	e specific) starting point so that the Inspector may proceed to the location of the ad names. Use left, right and preferably compass directions, (north, south, east, west). e stations, as they are subject to name changes and physical relocation.