



## 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

239 N. Lamar Street, Suite 101  
Jackson, Ms 39201

email: manhousing @mid.ms.gov  
www.mid.ms.gov

**MAILING ADDRESS**  
239 N. Lamar Street, Suite 101  
Jackson, Ms 39201  
email: manhousing @mid.ms.gov  
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