

# RELOCATING AN OLDER MOBILE HOME INSPECTION CHECK SHEET

Present Location:	
Proposed New Location:	

Age of Home	<input type="checkbox"/> Pre-1950's <input type="checkbox"/> 1960's <input type="checkbox"/> 1970's <input type="checkbox"/> 1980's <input type="checkbox"/> 1990's <input type="checkbox"/> 2000's <input type="checkbox"/> 2010's							
Size of Dwelling	Length =		Width =		Area (L x W) =			
Home Detail	Make:		Model:		Serial No:		CSA No:	
Exterior Walls	<input type="checkbox"/> 2 x 4 <input type="checkbox"/> 2 x 6 <input type="checkbox"/> Other ___ x ___			Finish: <input type="checkbox"/> Metal Siding <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Other:				
Condition of Exterior Wall Finish	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Needs Replacing							
Interior Wall Finish	<input type="checkbox"/> Drywall <input type="checkbox"/> Prefinished Drywall (untapped) <input type="checkbox"/> Paneling <input type="checkbox"/> Other:							
Windows	<input type="checkbox"/> Wood Frames <input type="checkbox"/> Vinyl Frames <input type="checkbox"/> Aluminum <input type="checkbox"/> Other:							
Window Openings	<input type="checkbox"/> Slider <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Double Hung							
Size of Bedroom Window Openings	Master Bedroom W=                  H=		Total Sq.Ft.=		Bedroom #2: W=                  H=		Total Sq.Ft.=	
					Bedroom #3 W=                  H=		Total Sq.Ft.=	
Condition of Windows	<input type="checkbox"/> Original <input type="checkbox"/> Replaced			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Needs Replacing				
Interior Doors & Hardware	<input type="checkbox"/> Poor Fit/Bind <input type="checkbox"/> Open and Close w/out Binding				Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Exterior Doors & Hardware	<input type="checkbox"/> Poor Fit/Bind <input type="checkbox"/> Open and Close w/out Binding				Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Floor Finish	<input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Hardwood <input type="checkbox"/> Carpet <input type="checkbox"/> Laminate							
Floors	<input type="checkbox"/> Solid <input type="checkbox"/> Spongy <input type="checkbox"/> Squeaky <input type="checkbox"/> Uneven				Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Ceiling Finish	<input type="checkbox"/> Ceiling Tile <input type="checkbox"/> Paneling <input type="checkbox"/> Other:							

Condition of Ceiling	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Needs Replacing <input type="checkbox"/> Watermarks/Staining
Electrical Outlets	<input type="checkbox"/> 2 Prong Plugs <input type="checkbox"/> 3 Prong Plugs
Ventilation	<input type="checkbox"/> HRV <input type="checkbox"/> Delhi / Principle Exhaust <input type="checkbox"/> Kitchen Exhaust <input type="checkbox"/> Bathroom Exhaust
Smoke Alarms	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/> Inter- communicating
Heating System	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Baseboard Electric <input type="checkbox"/> Radiant <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Other:
Fire Place	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Certified <input type="checkbox"/> Uncertified
Wood Stove	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Certified <input type="checkbox"/> Uncertified
Roof Material	<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other:
Condition of Roof Material	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Needs Replacing
Eaves Trough Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Needs Replacing
Soffit Finish	<input type="checkbox"/> Plywood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Exposed Rafters

Completed by: *Print Name*

*Sign Name*

*Date Completed*

Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Notations**

In the event that the CSA seal cannot be located, you will be required to obtain one through the Department of Labour at (204)-945-3322.

In addition to this form the following shall be submitted:

- Photos of the interior, exterior and CSA seal.
- Building permit application, with applicable fees paid in full
- Staking Certificate / Building Location Certificate prepared by a registered Manitoba Land Surveyor (some exceptions granted)