

DIVISION OF BUILDING SAFETY
MANUFACTURED HOUSING SECTION
2200 N. 10TH ST., SPOKANE, ID 83402
PHONE: (208) 334-3896

35511

FOR DIVISION USE ONLY	
By: <i>[Signature]</i>	Date: <i>12/2/02</i>

MOBILE HOME REHABILITATION CHECKLIST -- COMPLIANCE CERTIFICATE (TITLE 44 CHAPTER 25 IDAHO CODE)

These rehabilitation/testing requirements are applicable only to non-HUD mobile homes manufactured prior to June 15, 1976. Separate permits and inspections are required for any repairs made to plumbing or electrical systems. Additional permits may be required by the local authority having jurisdiction in order to do any work or make any repairs on the mobile home not involving plumbing or electrical systems. You should check with your local building department to determine the need for permits and inspections before initiating any repair work or before installing your mobile home at a new site.

The undersigned installer/service company representatives, electrical or plumbing contractors attest and verify that rehabilitative repairs and testing have been completed in accordance with Title 44 Chapter 25 Idaho Code:

☒ Smoke Detection

[Signature]
Licensed Installer/Service Co. Representative

4174
Installer/Service Co. License #

11/22/02
Date

☒ Egress Windows/Exterior Exit Doors
From All Sleeping Areas

[Signature]
Licensed Installer/Service Co. Representative

4174
Installer/Service Co. License #

11/22/02
Date

☒ Fire Protection of Gas Water Heater/
Furnace Compartments

Home is equipped with gas water heater or furnace.

Yes ☐ No ☒

Verified or Repaired By

[Signature]
Licensed Installer/Service Co. Representative

4174
Installer/Service Co. License #

11/22/02
Date

☒ Gas System Testing/Repairs

Home has gas appliances. Yes ☐ No ☒

If Yes, Testing Performed By

Licensed Installer/Srvc Co.

License

Date

Gas Utility

Date

Repairs (If Required) Made By

Licensed Installer/Service Co. Representative

License #

Date

☒ Electrical Testing Systems Performed By

[Signature]
Licensed Electrical Contractor

5-3443
License #

11-22-02
Date

Repairs (If Required) Made By

Licensed Electrical Contractor

License #

Permit #

Date

~~XXXXXXXXXX~~

~~XXXXXXXXXX~~

Date

☒ Water/DWV System Test Performed By

[Signature]
Licensed Plumbing Contractor

C-11144
License #

11-26-02
Date

Repairs (If Required) Made By

Licensed Plumbing Contractor

License #

Permit #

Date

~~XXXXXXXXXX~~

~~XXXXXXXXXX~~

Date

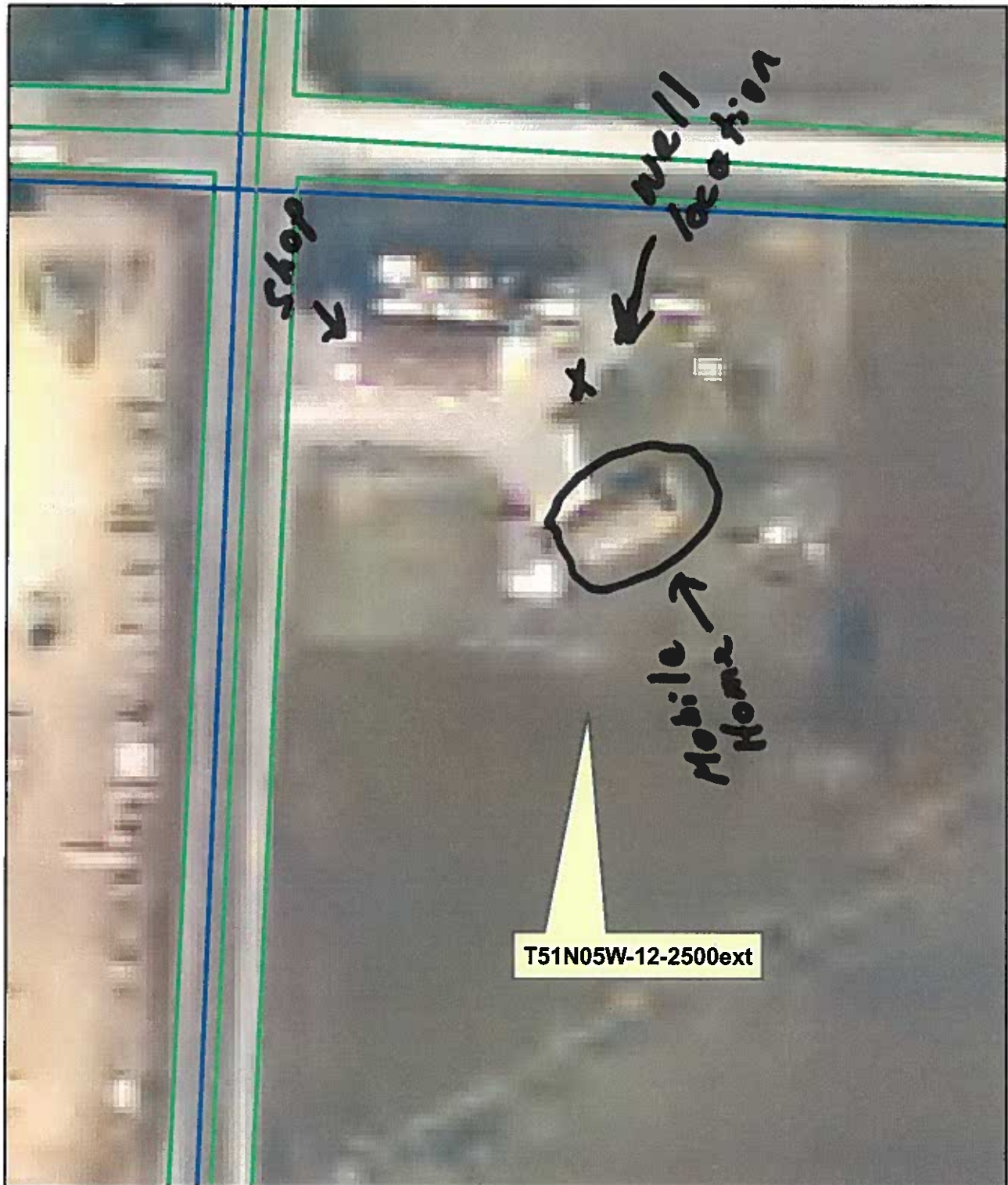
JOHN GRAPE
HOMEOWNER: ~~XXXXXXXXXX~~ HOME SERIAL NO: 68 REX - 9827
HOMEOWNER BUSINESS TELEPHONE: 208-704-7490
HOMEOWNER BUSINESS ADDRESS: P.O. Box 486, Rathdrum, ID. 83850
LOCATION OF HOME AT TIME OF REHABILITATION/TESTING: Lancaster & Greensferry Rd. Rathdrum, ID.

INSPECTION RECORD

35541

	REMARKS	DATE - INSPECTION
SETBACKS	OK	11/27/08
FOOTING	4' 8" 4'	
REINFORCEMENT	4' 12" 4' 12" as required	
FOUNDATION WALL		
SLAB		
INSULATION	OK setting 11/27/08	
FRAMING		
INSULATION		
DRYWALL		
G.P.T.		
MECHANICAL ROUGH IN		
MECH. FINAL		
SITE		
DISTURBANCE		
MASONRY		
	11-27-08. cyst brought in mobile home	
	rehab check list, says	
COMMENTS		
	OK setting 11/27/08	
FINAL		
CERTIFICATE OF OCCUPANCY		

GRAFE 95-11814 PIN 51N05W-12-2500



SCANNED

FEB 16 2010