

**WEST VIRGINIA DIVISION OF LABOR**

**Manufactured Housing**

1900 Kanawha Boulevard East

State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305

Telephone (304) 558-7890

Fax: (304) 558-2447

**10B.5 CONSUMER SITE PREPARATION EVALUATION**

(For Work That **Must** Be Completed Before Leveling of the Home - See Initial Home Placement Evaluation)

Dealer: \_\_\_\_\_ W.V. Mfg. Housing Lic. # **WV** \_\_\_\_\_

Installer: \_\_\_\_\_ W.V. Mfg. Housing Lic. # **WV** \_\_\_\_\_

Person Conducting Evaluation: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Consumer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Manufacturer of Home: \_\_\_\_\_

Single:

Multi:

***Method of Installation as provided by 42 CSR 19 10A.2:***

**New Homes:**

Manufactured Instructions:

N.F.P.A. 225:

Engineer / Architect Design:

**Used Homes Only:**

A method approved by the WV Manufactured Housing Board:

1. Has consumer performed all on-site work that cannot be performed after the home is leveled?  
(See Initial Home Placement Evaluation Form) Yes  No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

2. Is the support system installed in accordance with the method of installation?  
Yes  No  If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consumer Signature \_\_\_\_\_ Date \_\_\_\_\_

Dealer/Installer Signature \_\_\_\_\_ Date \_\_\_\_\_

**The consumer shall be provided a copy of this completed form by the Dealer/Installer.**