

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.6 Dealer/Installer On-Site Review

(After Leveling of the Home)

Dealer: _____ W.V. Mfg. Housing Lic. # **WV** _____

Installer: _____ W.V. Mfg. Housing Lic. # **WV** _____

Person Conducting Evaluation: _____ Date of On-Site Review: _____

Consumer: _____

Address: _____ City: _____ State: _____

Manufacturer of Home: _____

Single: Multi:

Date of Installation / Final Agreement: _____

To be performed not less than sixty (60) days, nor more than one-hundred eighty (180) days after the home has been installed. All the following installation procedures shall be inspected and any non-compliances noted. This inspection is to be conducted only on the activities performed by the consumer or third parties.

Did consumer assume all or part of the responsibilities of the installation of the home?

Yes No

If yes, please mark the appropriate box or boxes and explain the results of the on-site review.

Consumer

1. Site graded to prevent water accumulation.
Yes No

Explanation: _____

2. Site graded to prevent water flowing under home.
Yes No

Explanation: _____

3. Footings backfilled to grade level.
Yes No

Explanation: _____

4. Installation of Vapor Barrier.
Yes No

Explanation: _____

5. Installation of anchors.
Yes No

Explanation: _____

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Consumer

<input type="checkbox"/>	6. Electric.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				
<input type="checkbox"/>	7. Gas.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				
<input type="checkbox"/>	8. Water hook-up.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				
<input type="checkbox"/>	9. Freeze Protection (Water).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				
<input type="checkbox"/>	10. Sewer hook-up.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				
<input type="checkbox"/>	11. Installation of support system.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				
<input type="checkbox"/>	12. Installation of skirting.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Explanation: _____				

Consumer Signature

Date

Dealer/Installer Signature

Date

If any deficiency to code standard is observed, the Dealer/Installer shall provide the consumer with a copy of this completed form and the Division of Labor 10B.7.(c) form - Identifying the risks and hazards resulting from his or her failure to comply with his or her assumed obligations.

This review is being conducted to verify all items which are outlined in the contract and listed above are being performed and reviewed. Not for code compliance (**all work should be performed by a licensed professional**), but for the possibility of becoming a mitigating factor in the non-performance of some other aspect of the home.