

# Manufactured Home Transfer Inspection Application Form

City Engineer's Office  
814 Wheeling Ave.  
Cambridge, Ohio 43725  
(740) 432-3601

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
LOCATION OF PROPOSED MANUFACTURED HOME LOT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
LOT NO.                      SUB-DIVISION

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
LOT DIMENSIONS

\_\_\_\_\_  
TELEPHONE NO.

\_\_\_\_\_  
MANUF. HOME DIMENSIONS                      YEAR OF M.HOME

\_\_\_\_\_  
PERMIT NO.                      DATE

1. Please provide a photo from all sides, the lot dimensions, manufactured home dimensions, and distances between home, all property lines (set backs), and location of parking. (See attached)
2. Please provide tax duplicate for lot and certified appraisal of home. Value of lot and manufactured home is \$ \_\_\_\_\_.
3. Applicant must provide certified copies (from the Guernsey County Auditor) of the appraised value of the four nearest single-family dwellings surrounding the lot, but not further than 500 feet from the lot.

<u>LOT NO.</u>	<u>ADDRESS</u>	<u>PROPERTY VALUE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**MANUFACTURED HOME TRANSFER INSPECTION  
CITY OF CAMBRIDGE  
Page 2 of 3**

---

**DO NOT COMPLETE BELOW THIS LINE  
FOR OFFICIAL USE ONLY**

4. Is the value of the manufactured home at least 90% of the current estimated fair market value of the neighborhood?  Yes  No
5. Has the applicant supplied a copy of the title or other documentation to verify age of the manufactured home?  Yes  No
6. What type of foundation is in place?  Pier  Block  Slab  Other
7. Does the residence have the water and sanitary sewer services been approved by the City?  Yes  No
8. Is the home installed on a basement or crawl space?  Yes  No
9. Is the home at least 22 feet wide and 48 feet long?  Yes  No
10. Is the total living area, excluding garages, porches, or attachments at least 1600 square feet for SF-1 zoning or 1000 square feet for SF-2 zoning?  Yes  No
11. Does the home have a minimum 5:12 residential roof pitch, conventional residential siding, and a 12-inch minimum eave overhang, including appropriate guttering?  Yes  No
12. Age of the structure? \_\_\_\_\_
13. Are there outstanding Property Maintenance Code violations? (see attached)  Yes  No
14. Are there utility and/or income tax debts?  Yes  No

**PROPERTY CODE ENFORCEMENT EXTERIOR INSPECTION WORKSHEET**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Follow-up Date: \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Lot # \_\_\_\_\_ Parcel # \_\_\_\_\_ Sub-Division \_\_\_\_\_ Ordinance # \_\_\_\_\_

Story: 1 2 3 Basement: Y N Description: \_\_\_\_\_

Garage: Y N Other Structure Description: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Roof Type: \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Chimney: \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Facia / Soffit: \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Gutter / Downspouts: \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Exterior Surface: Type \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Porch / Steps: Type \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Windows: Type \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Doors: Type \_\_\_\_\_ Condition:  Poor  Fair  Good

Corrective Action: \_\_\_\_\_

Foundation: Type \_\_\_\_\_ Condition:  Poor  Fair  Good

Good

Corrective Action: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

#### YARD AREA MAINTENANCE

High Grass/Weeds  Junk/Trash  Junk Cars  Other \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Additional Comments: \_\_\_\_\_