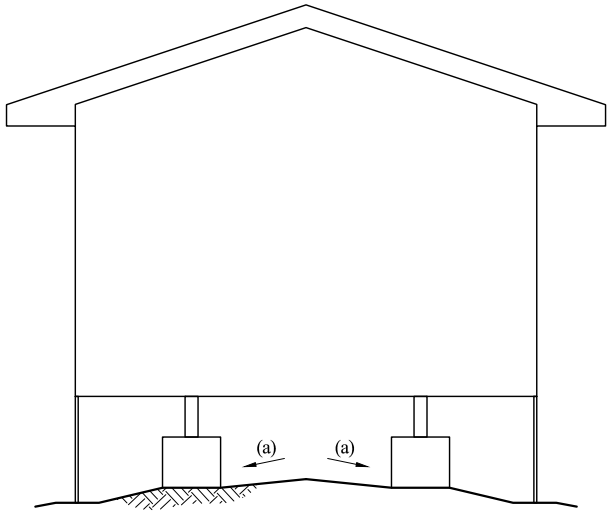
MOBILE HOME WORKSHEET



GRADING INFORMATION:

- ☐ Minimum 2% Grading (a)
- ☐ Sand/Dirt/Gravel Topping
- ☐ Poly Ground Cover
- ☐ Gravel Sub-base

MOBILE HOME MATERIAL INFORMATION:

Roof Material: _____

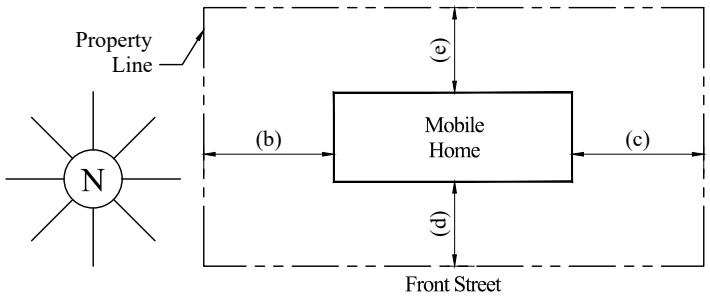
Siding Material: _____

Skirting:

☐ Ventilated ☐ Insulated

Skirting Material:

☐ Plywood/OSB ☐ Vinyl ☐ Metal



SITE PLAN

Please complete the following:

FOUNDATION:

Type of Pier

- ☐ Railway Ties (_____x _____)
- ☐ Treated Timbers (_____x _____)
- ☐ Concrete Blocks
- ☐ Wood Crib

Note:

- Piers cannot be higher than they are wide.
- Blocking is to be installed at the top of the pier on the exterior of the floor beams to prevent lateral movement.

Type of Footing (if required)

- ☐ Concrete Pad:

  Length_____ x Width_____x Depth_____
- ☐ 3 Layers of Treated 2x6 Wood Crib:

  Length_____ x Width_____
- ☐ Concrete Piles:

  Provide a design sealed by and architect or professional engineer licensed in Saskatchewan.

ANCHORAGE:

☐ Ground anchors installed 40'-0" apart

If ground anchors are not to be installed, then the following information is to be provided:

Weight: _____

Distance between floor beams: _____

Height of pier: _____

Width of pier: _____

SITE PLAN:

Indicate the following:

- ☐ Distance to front property line (b)
- ☐ Distance to rear property line (c)
- ☐ Distance to side property lines (d)(e)
- ☐ Label adjacent streets and alleys.
- ☐ Indicate location of ground anchors (if applicable) with an 'X'.

INFORMATION:

The following is typically found on the inside of a kitchen cupboard or electrical panel.

Year built: _____

Manufacturer: _____

Serial No.: _____

CSA No.: _____

Pier Spacing: _____

Length: _____

Width: _____

INTERIOR LAYOUT:

☐ Provide floor layout of mobile home labeling use of each room

Check all that apply:

Smoke Alarm:

- ☐ In each bedroom
- ☐ In bedroom corridor
- ☐ Electrically operated and interconnected
- ☐ Battery operated

Carbon Monoxide (CO) Alarm:

- ☐ In each bedroom
- ☐ Within 5m (16'-0") of each bedroom door, measured following corridors and doorways

Exhaust Fan:

- ☐ In each bathroom

INTENDED RENOVATIONS (if any):

_____

_____

_____

_____

_____

_____

_____

Owner's Name: _____

Address: _____

Municipality: _____

R.M. of ESTEVAN No. 5