



# Manufactured Home Placement/Removal Report

\*\*\* Form must be submitted to OCILB at least two business days prior to placement\*\*\*

Please submit form via your account at [elicense.ohio.gov](http://elicense.ohio.gov) (uploading additional documentation), by fax at 614-980-0962, or by email to [communityinspections@com.state.oh.us](mailto:communityinspections@com.state.oh.us).

## Section 1: Park Information (Please print)

Name of Park:		Park License Number:	
Physical Address (No P.O. Boxes) (Street, City):			
State:	Zip Code:	County:	
Phone:	Fax:	E-mail:	
Number of Licensed Sites:		Health District:	

## Section 2: Owner Information (Please print)

Name of Legal Entity/Person Who Owns Park:	Phone:
Name of Authorized Agent for Owner:	Fax:
Mailing Address of Owner (Lot Number (if applicable), Street, City, State, Zip Code)	
E-mail:	

### Reminder:

- All homes must be installed by a licensed installer, and an installation permit must be obtained prior to commencement of work.
- Spacing of homes must comply with provisions of O.A.C. Section 4781-12-08, as applicable.
- Installation of homes must comply with O.A.C. Chapter 4781-6.

**Section 3: Placement/Removal Information (Please print)**
 PLACEMENT     REMOVAL

 PLACEMENT     REMOVAL

Home Address and Lot Number:	Home Address and Lot Number:
Homeowner Name and Phone Number:	Homeowner Name and Phone Number:
Placement Type (e.g. Home, Shed, Room Addition, Deck):	Placement Type (e.g., Home, Shed, Room Addition, Deck):
<i>If home?</i> Make/Model and Year:	<i>If home?</i> Make/Model and Year:
<i>If Shed?</i> Size and Color:	<i>If Shed?</i> Size and Color:
<i>If Other?</i> Enclosures and Size:	<i>If Other?</i> Enclosures and Size:
All changes comply with applicable rules: <input type="checkbox"/> Yes <input type="checkbox"/> No	All changes comply with applicable rules: <input type="checkbox"/> Yes <input type="checkbox"/> No

For home placements, please list the licensed installer's name:

**Section 4: Acknowledgement and Signature**

I certify that the foregoing information accurately represents the changes in this report.

Park Operator Signature:	Date:
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**Public Information Disclosure:**

**Please be advised that this form and any information provided in it may constitute a public record and may be publicly available upon request.**