

**Town of St. Germain
Planning and Zoning Committee
Manufactured Home Inspection Report**

To be completed by a Licensed Uniform Dwelling Code Inspector or a Licensed Home Inspector in conformance with the current standards of practice of the
American Society of Home Inspectors (ASHI)
and the Standards Of Practice For Home Inspectors as set forth in
Chapter 440 of the Wisconsin State Statutes. and accompanying administrative rules.

This report represents the opinions of the inspector:

- 1) Subject property: Manufacturer _____
Model _____
Year _____
VIN _____
 - 2) Date of inspection: _____
 - 3) Weather at time of inspection: _____
 - 4) People present at inspection: _____
 - 5) Owner: Address _____
Phone _____
 - 6) Intended placement address: _____
 - 7) Condition: Good - Capable of performing intended function.
Fair - Appears to be performing intended function.
Poor - Corrective measures required/plan replacement.
NI - Not inspected. Indicate reason.
- a) Exterior: Good _____ Fair _____ Poor _____ NI _____

- b) Interior living Area: Good _____ Fair _____ Poor _____ NI _____

c) Electrical: Good _____ Fair _____ Poor _____ NI _____
Amp: _____

d) Plumbing: Good _____ Fair _____ Poor _____ NI _____

e) Heating/AC: Good _____ Fair _____ Poor _____ NI _____

8) Overall evaluation, comments, recommendations: _____

Submit color photographs from each direction depicting all four sides of subject home, in its entirety. Attach additional comment page if needed.

I hereby certify that the above home meets all the current standards under state and federal law governing the construction of mobil or manufactured homes and does not present a risk to the public health, safety or welfare:

Inspector

Address

License number

Phone