HUD APPROVED MANUFACTURED HOME INSTALLATION WORKSHEET

MANUFACTURER: ____________________ YEAR:________ LENGTH: _________ WIDTH:________

WIND ZONE  I _______ II _________ III _________

SOIL BEARING CAPACITY: ____________PSF (TESTED OR ASSUMED 1000 PSF)

A .. I BEAM PIER SPACING: _____ ’ O.C. ...SIZE OF FOUNDATION PADS: ______” X ______”

B .. PERIMETER PIER SPACING: ______’ O.C. (IF APPLICABLE)...SIZE OF PIER PADS: ______” X ______”

   TYPICAL C/L PIER SPACING: ______’ O.C. (IF APPLICABLE)...SIZE OF PIER PADS: ______” X ______”

D .. COLUMN/RIDGEBEAM SUPPORT FOUNDATION PADS:
   SIZE OF PIER PADS | REQUIRED LOAD | SIZE OF PIER PADS | REQUIRED LOAD
   D1 ..... _____” X _____” | _____ LBS | D9 ...... _____” X _____” | _____ LBS
   D2 ..... _____” X _____” | _____ LBS | D10 .... _____” X _____” | _____ LBS
   D3 ..... _____” X _____” | _____ LBS | D11 .... _____” X _____” | _____ LBS
   D4 ..... _____” X _____” | _____ LBS | D12 .... _____” X _____” | _____ LBS
   D5 ..... _____” X _____” | _____ LBS | D13 .... _____” X _____” | _____ LBS
   D6 ..... _____” X _____” | _____ LBS | D14 .... _____” X _____” | _____ LBS
   D7 ..... _____” X _____” | _____ LBS | D15 .... _____” X _____” | _____ LBS
   D8 ..... _____” X _____” | _____ LBS | D16 .... _____” X _____” | _____ LBS

E .. ANCHOR SPACING: ______’ O.C. (MAXIMUM 5’4”)

ANCHOR TYPE:
   □ TYPE I, 3150# WORKING LOAD or □ TYPE II, 4000# WORKING LOAD

   "E"

   TYPICAL DOUBLÉWÁDE

   * REQUIRED LONGITUDINAL ANCHORING PROVIDED ☐ YES
   * REQUIRED ANCHORS PROVIDED AT SHEARWALLS AND DESIGNATED LOCATIONS ☐ YES

   "E"

   TYPICAL SINGLEWÁDE

   * REQUIRED PERIMETER BLOCKING PROVIDED AT OPENINGS ☐ YES

   "E"

NOTE: SUBMIT PROPER DOCUMENTATION FOR ALTERNATE SETUP/INSTALLATION MATERIALS UTILIZED.

SPECIAL NOTE: THE MANUFACTURER’S BLOCKING DIAGRAM SHOWING SHEARWALL LOCATIONS & C/L LOADING ALONG WITH THE INSTALLATION MANUAL MUST BE SUBMITTED WITH THIS WORKSHEET FOR REVIEW PRIOR TO THE SETUP INSPECTION.

NAME of INSTALLER: ____________________________ LICENSE NUMBER: ____________________________

SIGNATURE: ____________________________ DATE: ____________________________

UNIT SPECIFIC SETUP DIAGRAMS ARE REQUIRED FOR TRIPLEWÁDE OR TAG UNIT INSTALLATIONS.