

SECORD TOWNSHIP ZONING
1507 Secord Dam Road
Gladwin, MI 48624

GLADWIN COUNTY EXISTING DWELLING INSPECTION FORM

Phone (989) 426-0452

Fax (989) 426-3232

INSTRUCTIONS:

- (1) Existing dwellings must be inspected by a licensed builder or building inspector before a zoning permit can be issued for their setup, or relocation, in Gladwin County.
- (2) All dwelling structures must be a minimum of 14 feet wide and a minimum of 720 square feet of living space. This inspection form must be submitted with the following colored pictures of the dwelling:
EXTERIOR PHOTOS: 1 photograph of the front and one side, 1 photograph of rear and opposite side, 1 photograph of each of the HUD labels (1 tag per section of dwelling) (HUD label is metal tag riveted on the corner of each section of the dwelling). INTERIOR PHOTOS: 1 of kitchen, 1 of each bathroom, 1 of each bedroom, 1 of living room, and 1 of data label. (The data label can typically be found glued on the back face of a kitchen cabinet door, electrical panel door, or inside a closet).
- (3) Administrator will determine if a zoning permit will be issued for the structure based on the structure's condition. Decisions of the Zoning Administrator may be appealed to the Zoning Board of Appeals upon proper application

APPLICANT INFORMATION:

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____ Other: () _____

STRUCTURE INFORMATION:

Retailer's Name: _____ Manufacturer's Name: _____

Trade/Model Name: _____ Date Manufactured: _____

HUD Data Label Number(s): _____ / _____

Data Plate Serial Number: _____

Number of Sections: _____ Number of Stories: _____

Length less tongue: _____ Width less additions: _____ Sq. feet living space: _____

Number of bedrooms: _____ Number of bathrooms: _____

Exterior Surface Material & Condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

Roofing Material & Condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

Window Type & Condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

Overall condition of dwelling:

INTERIOR FLOORING: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

INTERIOR WALLS: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

INTERIOR CEILINGS: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

EXTERIOR: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

Overall quality of construction of dwelling:

Poor ___ Fair ___ Average ___ Good ___ Excellent ___

MECHANICAL, PLUMBING, ELECTRICAL INFORMATION:

Furnace Type: FWA ___ HWBB ___ Electric ___ Wall ___ Other _____
Condition of Furnace: Poor ___ Fair ___ Average ___ Good ___ Excellent ___
Furnace Fuel: LP Gas ___ Natural Gas ___ Electric ___ Wood ___ Other _____
Central Air Conditioning: Yes ___ No ___
Electrical Service: Circuit Breakers ___ Fuse ___ AMP Service ___
Wiring Type: Copper ___ Aluminum ___
Electrical Condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___
Plumbing Type: Plastic ___ Copper ___ Other _____
Plumbing Condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

SAFETY:

Are all electrical switches and outlets covered? Yes ___ No ___
Are smoke alarms installed and operational? Yes ___ No ___
Are ground GFI circuits required: Yes ___ No ___
If yes, are they operational? Yes ___ No ___

FRAMEWORK & SUB-FLOORING:

Does the frame show signs of warping, bending, or twisting? Yes ___ No ___
Overall frame condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___
Is the sub-flooring intact with no signs of leaking, warping, or rot? Yes ___ No ___
Overall sub-flooring condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

INSPECTOR'S CERTIFICATION:

I certify that I personally inspected the dwelling identified on this form and I personally completed the form. I certify that all the information completed on this form is true, accurate, unbiased, and complete to the best of my information, knowledge, and belief.

Inspector's Name (printed): _____
Name of Company: _____
Inspector's Signature: _____
Inspector's Address: _____
City: _____ State: _____ Zip: _____
Date of Inspection: _____
License No. (attach copy of certificate): _____
Phone: () _____ Cell: () _____ Fax: () _____
E-mail: _____

Attach photos for all poor or fair conditions found during inspection of dwelling.