

Gladwin County Zoning Department

County Annex Building
555 W. Cedar Avenue, Suite C
Gladwin, MI 48624
Phone (989)426-4787 Fax (989)426-6919

Existing Dwelling Inspection Form

Instructions:

Existing dwellings must be inspected by a licensed builder before a zoning permit can be issued for their setup, or relocation in Gladwin County. All dwelling structures must be a minimum of 14 feet wide and a minimum of 750 square feet of living space. This inspection form must be submitted with the following color pictures of the dwelling: EXTERIOR PHOTOS; 1 photograph of the front and one side, 1 photograph of rear and opposite side, 1 photo 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 bedroom, 1 of living room, and 1 of data label. (The data label can be typically be found glued on the back face of a kitchen cabinet door, electrical panel door, or inside a closet). Zoning 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: _____ Total Square Foot _____
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 INTERIOR FLOORING: Poor ___ Fair ___ Average ___ Good ___ Excellent ___

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

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

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

Overall quality of construction: 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? Yes ___ No ___ If yes, are they operational? Yes ___ No ___
Are GFCI circuits required? Yes ___ No ___ If yes, are they operational? Yes ___ No ___

Frame work & sub-flooring:

Does frame show signs of warping, bending, or twisting? Yes ___ No ___
Overall frame condition: Poor ___ Fair ___ Average ___ Good ___ Excellent ___
Is sub-flooring intact? Yes ___ No ___ Any 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.