BONNER COUNTY PLANNING DEPARTMENT

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(208) 265-1458 Fax (208) 265-1463 website: www.bonnercountyid.gov

Mobile Home Rehabilitation Certificate

(Section 11-102, Bonner County Revised Code)

The rehabilitation/testing requirements listed are applicable only to non-HUD mobile homes manufactured prior to June 15, 1976. Separate permits and inspections **are** required for any repairs made to plumbing or electrical systems. A building location permit shall be obtained prior to the placement of any mobile or manufactured home in unincorporated Bonner County, pursuant to Section 11-102, BCRC.

Homeowner's name: _____

Address: _____ Phone: _____

Mobile home serial #: _____ Make: _____ Year: _____

The undersigned installers/service company representatives/contractors attest and verify that rehabilitative repairs and testing have been completed in accordance with BCRC 11-102.

1. Smoke detection	Installer (name and license # if licensed) _____ ICC Certified Inspector (name and certification #) _____ Date _____
2. Fire protection of gas water heater/furnace compartments	Is home equipped with gas water heater or furnace? ☐ YES ☐ NO If yes, protection verified or installed by: Licensed Installer (name and license #) _____ ICC Certified Inspector (name and certification #) _____ Date _____
3. Egress windows/exterior exit doors from all sleeping areas	Installer (name and license # if licensed) _____ ICC Certified Inspector (name and certification #) _____ Date _____
4. Electrical system testing/repairs	Testing: Licensed Electrical Contractor (name and license #) _____ Date _____ Repairs (if required): Permit # _____ Licensed Electrical Contractor (name and license #) _____ Date _____
5. Gas system testing/repairs	Is home equipped with gas appliances? ☐ YES ☐ NO If yes, testing performed by: _____ Gas Utility Date _____ Licensed Installer (name and license #) _____ ICC Certified Inspector (name and certification #) _____ Date _____ Repairs (if required): Licensed Installer (name and license #) _____ ICC Certified Inspector (name and certification #) _____ Date _____
6. Water/DWV system test	Testing: Licensed Plumbing Contractor (name and license #) _____ Date _____ Repairs(if required): Permit # _____ Licensed Plumbing Contractor (name and license #) _____ Date _____ Inspected by: Licensed Plumbing Inspector (name and license #) _____ Date _____