

REQUEST FOR INSPECTION TO CONVERT MOBILE/MANUFACTURED HOME TO REAL PROPERTY

Name _____ Phone _____

Mobile Home

Address _____

Mailing

Address _____

\$100.00 INSPECTION FEE

ALL INSPECTIONS OF MOBILE HOME CONVERSION WILL BE MADE BY THE EUREKA COUNTY PUBLIC WORKS DEPARTMENT, AND THE FOLLOWING MUST BE PRESENT:

1. The mobile home shall be set up as required by N.R.S. 489 and shall have a current State of Nevada inspection certificate for that location.
2. All installations to be converted to real property shall have continuous poured-in-place footings under each support frame. Footings shall be a minimum sixteen inches (16") x six inches (6") with two (2) #4 rebar in each footing, running continuous.
3. Tie-downs shall be placed in the outside footings ten feet (10') on center maximum, and twenty-four inches (24") from the ends of all footings.
4. On existing mobile homes where poured-in-place runners exist, approved drive-in anchors may be allowed. The maximum distance between drive-in anchors shall be six feet (6') on center.
5. Perimeter enclosure must be constructed of concrete or concrete block, with a minimum width of four inches (4").
6. All perimeter concrete placed shall extend a minimum of thirty-six inches (36") below grade where subject to freezing and thawing conditions.
7. Two access holes must be provided, minimum eighteen inches (18") x twenty-four inches (24") or larger.
8. Crawl space must be provided with adequate ventilation.
9. All wheels, axles, and tongues must be removed.
10. Minimum standards as set forth above must be met. Engineering and/or other supporting facts shall be supplied to the Public Works Department.

All design and construction must incorporate good engineering standards and construction practices and shall not void the mobile home manufacturer's requirements.

When all the above requirements have been met, contact the Eureka County Assessor's Office, 20 South Main St., P.O. Box 88, Eureka, Nevada, 89316 or call (775) 237-5270, to complete conversion requirements.

Public Works Inspector

Signature _____ **Date** _____

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