

Public Protection Cabinet Department of Housing, Buildings & Construction Manufactured Housing Section 500 Mero Street Frankfort, Kentucky 40601 (502)573-1795 Fax: (502)573-1059



Unit Inspection for B-Seal

Name of Owner/Purchaser:			Phone Number:			
Physical Address:			City:		County:	
KY Sea	ıl #:	Type of Seal:	Unit Type: _	Mobile Home _	Recreational Vehicle	
Trade N	Name:	Manufacturer:	Date	e Manufactured:		
	owing shall be inspected for complaires all items marked YES. Only		ome and Recreational Vehicle	e Act prior to issuance	of a Kentucky Seal. A "B1"	
_	umbing And Waste Systems					
a.		installed and no visible leaks de	etected.		☐ Yes ☐ No	
b.	Water pressure relief valve ins	stalled properly.			☐ Yes ☐ No	
2. He	Heating, Cooling or Fuel Burning Systems					
a.	Combustion air/return air pres	ent.			☐ Yes ☐ No	
b.	Proper ventilation of all applia	inces.			☐ Yes ☐ No	
c.	Gas lines properly installed an	d supported.			☐ Yes ☐ No	
3. Ele	ectrical System					
a.	Main circuit box.				☐ Yes ☐ No	
b.	Outlets and switches fit secure	ly and are unbroken.			☐ Yes ☐ No	
c.	Visible wiring in good conditi	on.			☐ Yes ☐ No	
d.	Properly grounded.				☐ Yes ☐ No	
e.	Branch circuits properly fused				☐ Yes ☐ No	
4. Str	Structure					
a.	Exterior door present in worki	ng condition. (Two doors requir	ed if mobile home)		☐ Yes ☐ No	
b.	Storm Windows (Post 1976).				☐ Yes ☐ No	
c.	General structural integrity of			_	☐ Yes ☐ No	
	any additional rooms have been bu		-	_	ourpose (such as office, day	
	e, school, etc.), a "B1 seal" cannot	be issued and the manufactured hom	e will fall under local Building	Code jurisdiction.		
	re Detection Equipment	40				
a.	How many smoke detectors pr			г	¬ x , □ x ,	
b.	Are the smoke detectors UL li			_	Yes No	
c.	Was the smoke detectors oper	ability checked?		L	Yes No	
	rtified Installer (CI) Seal	. 2010 / 65 /: 1 / 7/12/0	004)	F	7x	
a. •		post 2010 (effective date 7/13/2		_	Yes No	
	If no CI seal and mobile home	is energized, name of Electrical	Inspector:			
	creational Vehicles Only			-		
a.	Number of fire extinguisher(s)		extinguisher(s) charged?	L	∐ Yes ∐ No	
b.	Carbon Monoxide detector pro				Yes No	
c.		uefied petroleum gas (propane).		_	Yes No	
d.	Existence of 2 exists if so cons	structed.		L	Yes No	
	ertify that I have inspected th hicle Act.	is unit on (date)	and it complies with t	he Kentucky Mobil	le Home and Recreational	
Sig	gnature of Inspector:		D	Oate:		
Name o	of Retailer:			Seal Fee:	\$25.00	
Address	s: r License #:	M		Inspection Fee:	\$	
Ketailei	r License #:	_ rnone #:		Total Cost of Inspe	ection: \$	

Retailer/Inspector retain original for records. Yellow copy to County Clerk. Pink Copy to be retained by unit owner.