



T.O.M. Manufactured Home Compliance Pre-Set Inspection

Address 4507 W. Elmwood Dr. - moving to Anne Date 7 March 2023

Permit #

Date of Inspection 1:30 PM

Owner

David Wilson

Phone Number

307.244.6132

Year of Manufacture

2001

Make of Home

MARSHFIELD Vic # 79281

Item Inspected

All

Inspector Comments

Robert I. Adams

Pass/Fail

Roofing - Must be in good condition and complete (no missing shingles or broken seams).

Asphalt 3 TAB shingles - looks good

Flashing - must be secured and sealed with proper caulking.

Shingles on the windows

Siding - Must be in good condition with no holes, tears or missing pieces

Wing Siding is good shape except upper front porch is missing

Windows - Must not have any broken glass or operating parts and must open and close properly (egress windows in bedrooms).

Thermal pane - single pane windows - No broken windows - All must operate smoothly at all locations

Floors - Must be solid and in good repair, any breaks or holes need repaired prior to movement permit

Newer flooring floor - no carpet in this house - flooring in good shape - New cover for electric panel

Electrical System - No exposed wiring, no "blackened" outlets or switches and panel with no loose or broken breakers or connections

New GFI in the house (3) - New switches in the bedrooms (3) + 1 in hallway

Plumbing - No broken fixtures or cracked porcelain or cracking plastic kitchen or bathroom fixtures.

Fixtures all good - But need attention to the water & cables so no water leaks down wall.

Furnace - Must have proper cover and look to be in good working order with grills on all floor and wall penetrations.

Original cover air furnace - New cover - must be operating at all locations

Water Supply Lines - Supply Lines and Drain Lines to all fixtures must look to be in good working order and properly strapped if exposed.

No broken pipes - electric hot water

Gas Supply Line - Supply lines within home must look to be in good working condition and strapped properly and sealed at penetrations.

All present and operational

Gas Appliances - All gas fired appliances must be properly vented and penetrations above and below to be properly sealed.

Gas stove & gas furnace are present & clean all the way through the furnace

This Manufactured Home can / cannot be moved into the Town of Williams. David Wilson will fix the above deficiencies within 30 days.

Key

Signature of Home Owner

Date

Both will say I Agree  
Thermal in good shape

David Wilson

3-7-23



**CITY OF MILLS**  
EST. 1921

City of Mills  
704 Fourth St / PO Box 789  
Mills, WY 82644  
307-234-6679  
**CITY OF MILLS**

## MOBILE HOME CHECKLIST

Moving a mobile home into Mills shall require specific rules and inspections in order to stay within compliance and meet building codes set forth by the town, this checklist should help you through that process. All Inspections will need to be scheduled with and conducted by the City inspector, who can be reached at 307-234-6679. Please allow at least one day notice when scheduling inspections.

All mobile homes entering the City of Mills will be manufactured no later than 20 years ago

— per Ordinance 686



*pd B m 23*  
**City of Mills (C.O.M.) Manufactured Home Compliance Inspection**- this shall be filled out by the Town Inspector.

-The cost of this inspection is \$275 (Will not be refunded for any reason)

-Any additional Inspections past 30 days will require another inspection fee of 275.00

\* If the mobile home is a new model having never been inhabited, moved, or set up the \$275 fee will not be assessed

**IF VIOLATIONS ARE FOUND UPON INSPECTION, REPAIRS MUST BE MADE WITHIN 30 DAYS OF THIS INSPECTION- ANYTHING NOT ABLE TO BE REPAIRED TO THE TOWNS STANDARDS WILL NOT BE ALLOWED TO MOVE IN**

Once you have passed the Compliance Inspection you will need to submit for a Mobile Home Moving Application.



**Mobile Home Moving Application** - filled out by the home owner/ contractor

-The cost for this application is \$35 for a single wide or \$70 for a double wide.



**Building Permit Application**- to be filled out by owner/ contractor

**This is only necessary if home is to be placed on a permanent foundation. The permit covers the engineering plan review & Inspection**

-The fee for this permit is \$100 for plan review, plus inspection fees (fee based on the cost of the job)



**Permit Application (for the gas line)** - to be filled out by owner/ contractor

- The cost of this permit is \$30

**\*\*When moving to a uninhabited lot (meaning it has never had water and sewer tapped into the main line) you will also need to pay for water and sewer service taps**



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-The current standard fees for water/ sewer taps are \$3866

This includes water service tap fees (\$1100) - water service line fees (\$150)-water meter fee (\$300)-sewer service tap fees (\$2316) -and a \$30 permit fee for water line inspection.

**\*\*Please note that this cost does not include the contractors cost to excavate, tap, & reapply asphalt or possible street cut fees\*\***

ALL FEES ARE BASED ON THE CURRENT BUILDING FEES RESOLUTION (RESOLUTION NO. 2018-78)

By signing below, you acknowledge receipt of the policies as listed above. You further acknowledge that you have read, understand, and accept each policy in its entirety.

David Wilson

SIGN

3-2-23

DATE





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## Mobile Home Moving Application

### APPLICANT INFORMATION:

Name: DAVID WILSON  
Address: 411 6TH ST  
City, State, Zip: MILLS, WY 82644  
Telephone: 307-247-0132

### CONTRACTORS INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Wydot Permit #: \_\_\_\_\_

### MOBILE HOME INFORMATION:

Current Location: <u>4507 W GLEN GARDEN</u>	Proposed Location: <u>830 PLATTE</u>
Year Built: <u>2001</u>	Zoning District: <u>RESIDENTIAL</u>
Total Length: <u>80'</u>	Maximum Height: <u>12'</u>
Maximum Width: <u>16'</u>	Total GVW: <u>N/A</u>

### Plot Plan – Draw Proposal Below

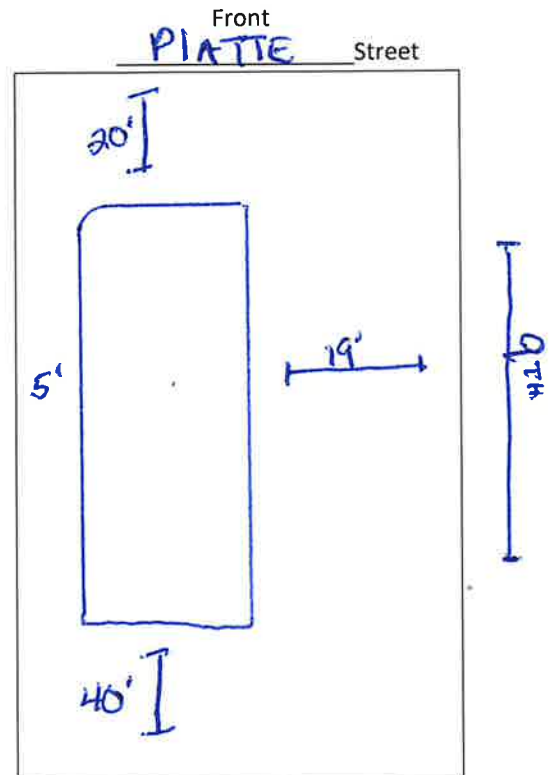
REVIEWED BY:	COMMENTS:
City Administrator	
City Planner	
Building Inspector	
Police Chief	
Fire Chief	
Code Enforcement	
Public Works Director	

I, \_\_\_\_\_ Owner/Contractor,  
Swear that all information furnished herein is true and correct and that  
I will comply with all applicable state and local laws

### FEES:

Single Wide ----- \$35.00      Fee Paid: \_\_\_\_\_  
Double Wide ----- \$70.00  
Compliance Inspection ----- \$275.00      Date Paid: \_\_\_\_\_  
(Fees Set By Resolution)

Approved; [Signature] 7 MAR 23  
Building Official      Date



Rear/Alley

### Incomplete applications cannot be processed

Use this form as the application to locate move, and approve a mobile home in Mills. Draw the location of the mobile home in the plot plan box. Label streets, setbacks from structure wall to the lot line (front / side / rear). Verify minimum lot requirements per zoning district (Section 18.08.040 table – on back). When Applicable provide photos of the mobile home for review prior to moving.



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Permit # \_\_\_\_\_

Fee \$ \_\_\_\_\_

### Building Permit Application

Applicant to Complete Numbered Spaces Only.

<b>JOB ADDRESS:</b> 830 PIATTE			
<b>1. LEGAL DESCRIPTION:</b>	<b>LOT #</b>	<b>BLOCK</b>	<b>ADDITION</b>
<b>2. OWNER INFORMATION:</b> Name: MARROLYCE WILSON		<b>3. CONTRACTORS INFORMATION:</b> LICENSE# _____ Name: _____	
<b>ADDRESS:</b> 411 6TH		<b>ADDRESS:</b>	
<b>TELEPHONE:</b> 307-267-5655		<b>TELEPHONE:</b>	
<b>4. ARCHITECT/ENGINEER:</b>			
<b>5. USE OF BUILDING:</b>			
<b>6. CLASS OF WORK:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL			
<b>7. DESCRIPTION OF WORK:</b>			
<b>8. WORK BEING DONE IN FLOOD ZONE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>9. VALUATIONS OF WORK: \$</b>	
<b>SPECIAL CONDITIONS:</b>		<b>PLAN CHECK FEE: \$</b>	<b>PERMIT FEE: \$</b>
		<b>TYPE OF CONSTRUCTION:</b>	<b>OCCUPANCY GROUP:</b>
		<b>Total Sq. Ft. Of Building:</b>	<b>Number of Stories:</b>
		<b>Max Occupancy Load:</b>	<b>No. Dwelling Units:</b>
<b>NOTICE</b> SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. <b>ELECTRICAL PERMITS ARE ISSUED BY NATRONA COUNTY.</b>  THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS, SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.  I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		<b>Fire Sprinkler Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
		<b>Special Approvals</b>	<b>Required</b>
		<b>Received</b>	<b>Not Required</b>
		<b>ZONING</b>	
		<b>SOIL REPORT</b>	
		<b>ENGINEERING</b>	
		<b>HEALTH DEPT.</b>	
		<b>FIRE DEPT.</b>	
		<b>OTHER (Specify)</b>	
<b>Application Accepted By:</b>			
<b>PLANS CHECKED BY:</b>			
<b>Building Inspector:</b> _____			
<b>City Planner:</b> _____			
<b>City Administrator:</b> _____			
<b>SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT</b> MARROLYCE WILSON		<b>DATE</b> 3-5-23	
<b>SIGNATURE OF OWNER (IF OWNER BUILDER)</b>		<b>DATE</b>	

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION: CHECK: ☐ MONEY ORDER: ☐ CASH: ☐

PERMIT: CHECK: ☐ MONEY ORDER: ☐ CASH: ☐



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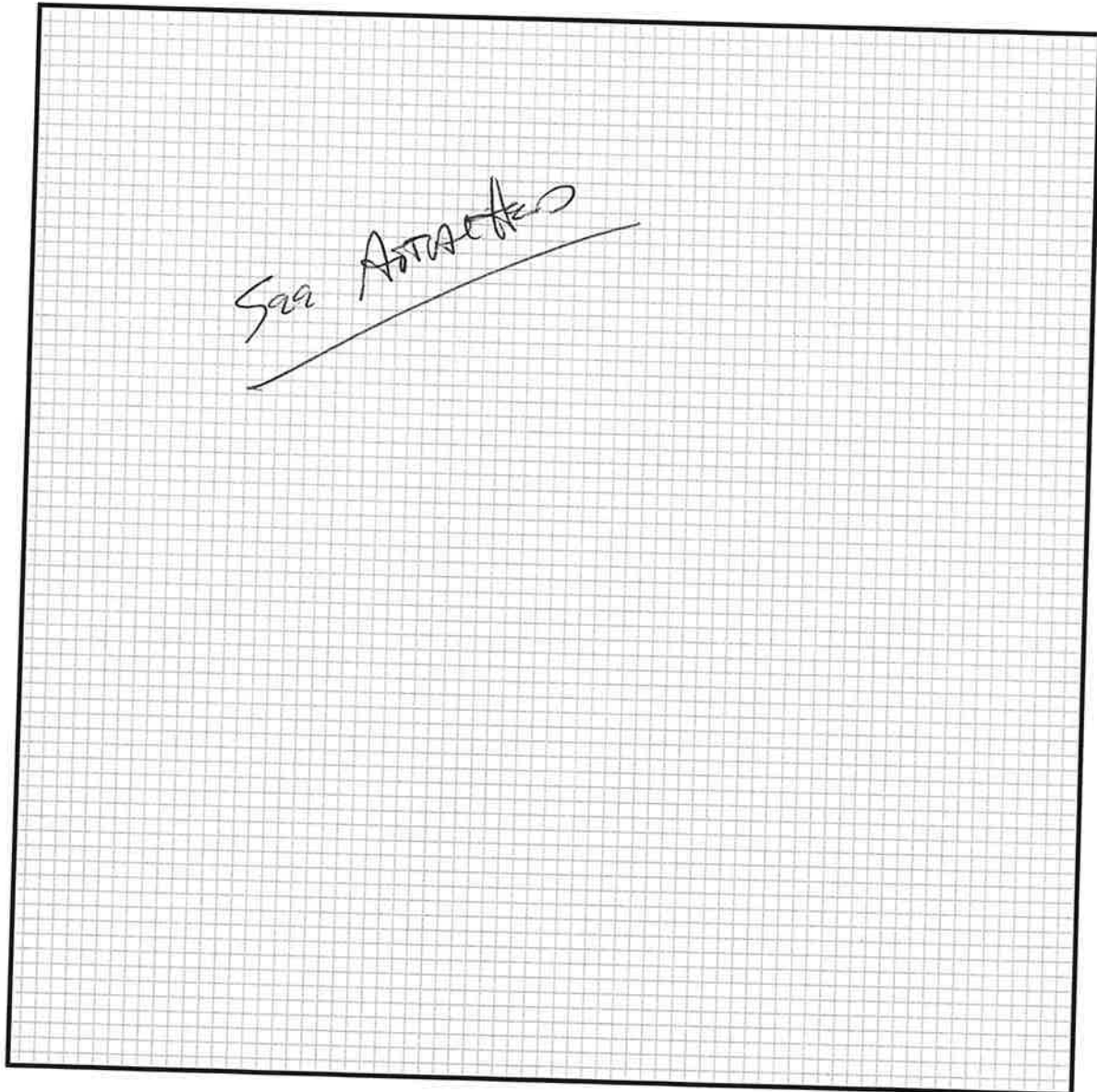
## Plot Plan

**(PLOT PLAN MUST BE COMPLETED AND ATTACHED TO ZONING CERTIFICATE APPLICATION.)**



North →  
(Circle One)

Scale - 1 square = \_\_\_\_/feet



Show Proposed Structures, Property Lines, Street Names, Dimensions and Existing Structures if Applicable.



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Permit # \_\_\_\_\_

Fee \$ \_\_\_\_\_

## Zoning Certificate Application

<b>PROPERTY ADDRESS:</b> _____			
<b>SUBDIVISION/ADDITION:</b> _____		<b>BLOCK:</b> _____	<b>LOT:</b> _____
<b>SECTION:</b> _____	<b>TOWNSHIP:</b> _____		<b>RANGE:</b> _____
<b>2. OWNER INFORMATION:</b> Name: _____		<b>3. CONTRACTORS INFORMATION:</b> LICENSE# _____	
ADDRESS: _____		ADDRESS: _____	
TELEPHONE: _____		TELEPHONE: _____	
<b>RESIDENTIAL</b>	<b>CHECK ALL THAT APPLY:</b> <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> PATIO COVERS <input type="checkbox"/> CAR PORT <input type="checkbox"/> SHED <input type="checkbox"/> DECKS/PORCHES <input type="checkbox"/> FENCE (Material: _____; Height: _____) <input type="checkbox"/> OTHER _____ <b>TOTAL SQUARE FOOTAGE</b> _____		
	<b>CHECK ALL THAT APPLY:</b> <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> NEW USE <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> FREE STANDING SIGN <input type="checkbox"/> TEMPORARY SIGN <input type="checkbox"/> WALL SIGN <input type="checkbox"/> PATIO COVERS <input type="checkbox"/> FENCE (Material: _____; Height: _____) <input type="checkbox"/> OTHER _____ <b>TOTAL SQUARE FOOTAGE</b> _____		
List all existing structures, including size, on the subject parcel : _____			
Explain use/project in detail (Residence type, business name, type of business, materials to be stored, etc.) _____			
<b>BUILDING SETBACKS</b>			
FRONT: _____ REAR: _____ SIDE YARD: _____ CORNER: _____ CORNER LOT STREET SIDE: _____			
<b>ZONING REQUIREMENTS</b>			
FLOOD PLAIN DESIGNATION (100, 500, 1,000, NONE...): _____ ZONING DISTRICT: _____			
MAXIMUM HEIGHT: _____ MINIMUM LOT SIZE: _____ MINIMUM OPEN SPACE: _____			
REQUIRED PARKING: _____ REQUIRED LANDSCAPING: _____ OTHER: _____			
WATER: <input type="checkbox"/> YES <input type="checkbox"/> NO      SEWER: <input type="checkbox"/> YES <input type="checkbox"/> NO      FIRE HYDRANT WITHIN 500': <input type="checkbox"/> YES <input type="checkbox"/> NO			
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a zoning certificate does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			
Signature of Authorized Agent: _____ Date: _____			
Comments, Conditions, Restrictions: _____ _____ _____			
<b>Approvals</b>			
City Planner: _____		Building Inspector: _____	





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Permit # \_\_\_\_\_

Fee \$ \_\_\_\_\_

## Plumbing Permit

### PROPERTY INFORMATION

OWNER:		
ADDRESS:		
CITY:		STATE:
TELEPHONE:	ZIP:	CELL:

### PERMIT INFORMATION

This Plumbing Permit Involves: (Select One)		<input type="checkbox"/> SINGLE-FAMILY, DUPLEX OR TOWNHOUSES (RESIDENTIAL ONLY)		<input type="checkbox"/> MIXED-USE			
		<input type="checkbox"/> MULTI-FAMILY (RESIDENTIAL ONLY)		<input type="checkbox"/> COMMERCIAL OR INDUSTRIAL (NON RESIDENTIAL)			
This Plumbing Permit Relates To: (Select One)		<input type="checkbox"/> CONSTRUCTION OF NEW BUILDING		<input type="checkbox"/> ALTERATION OR ADDITION TO AN EXISTING BUILDING			
		<input type="checkbox"/> CONSTRUCTION OR MODIFICATION OF A NON- BUILDING STRUCTURE					
Has a Building Permit Been Obtained for this Project? : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED				PERMIT # _____			
The Proposed Work Will Be Located: <input type="checkbox"/> Interior Only <input type="checkbox"/> Exterior Only <input type="checkbox"/> Interior & Exterior							
No.	PLUMBING	No.	PLUMBING	No.	GAS	No.	MISCELLANEOUS
	Toilet		Drinking Fountain		Dryer		Water Line New / Replacement
	Bath Tub		Water Softener		Central Heat		Sewer Line New / Replacement
	Shower		Washing Machine		Floor Furnace		Sprinkler System
	Lavatory		Dish Washer		Gas Range		Hose Bibs
	Floor Drain		Service Sink		Unit Heater		Water/Sewer Line Repairs
	Water Heater		Sump		Patio Grill		Fire Line
	Urinal		Kitchen Sink		Inside Gas Line		Meter Pit
	Laundry Tray		Other		Outside Gas Line		Other

### CONTRACTOR INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	CELL:	
<b>OR</b> <input type="checkbox"/> OWNER IS CONTRACTOR		
APPLICANT SIGNATURE:		APPLICATION DATE:

### CITY OFFICIAL

APPROVAL SIGNATURE:	APPROVAL DATE:
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*Permit Issued Subject To Provisions of Town Ordinance*



Mayor Juárez.

MY WIFE AND I ARE WANTING TO PURCHASE THIS TRAILER, AND HAVE FILLED OUT COMPLIANCE PAPERWORK AND RETURNED IT TO THE TOWN HALL. IT'S A 2001, AND A COUPLE YEARS OLDER THAN THE 20 YEAR POLICY. HOWEVER IT IS A REALLY NICE HOME. WE ARE HOPING TO GET ON THE AGENDA AT THE NEXT COUNCIL MEETING TO SEE IF THIS CAN BE APPROVED.

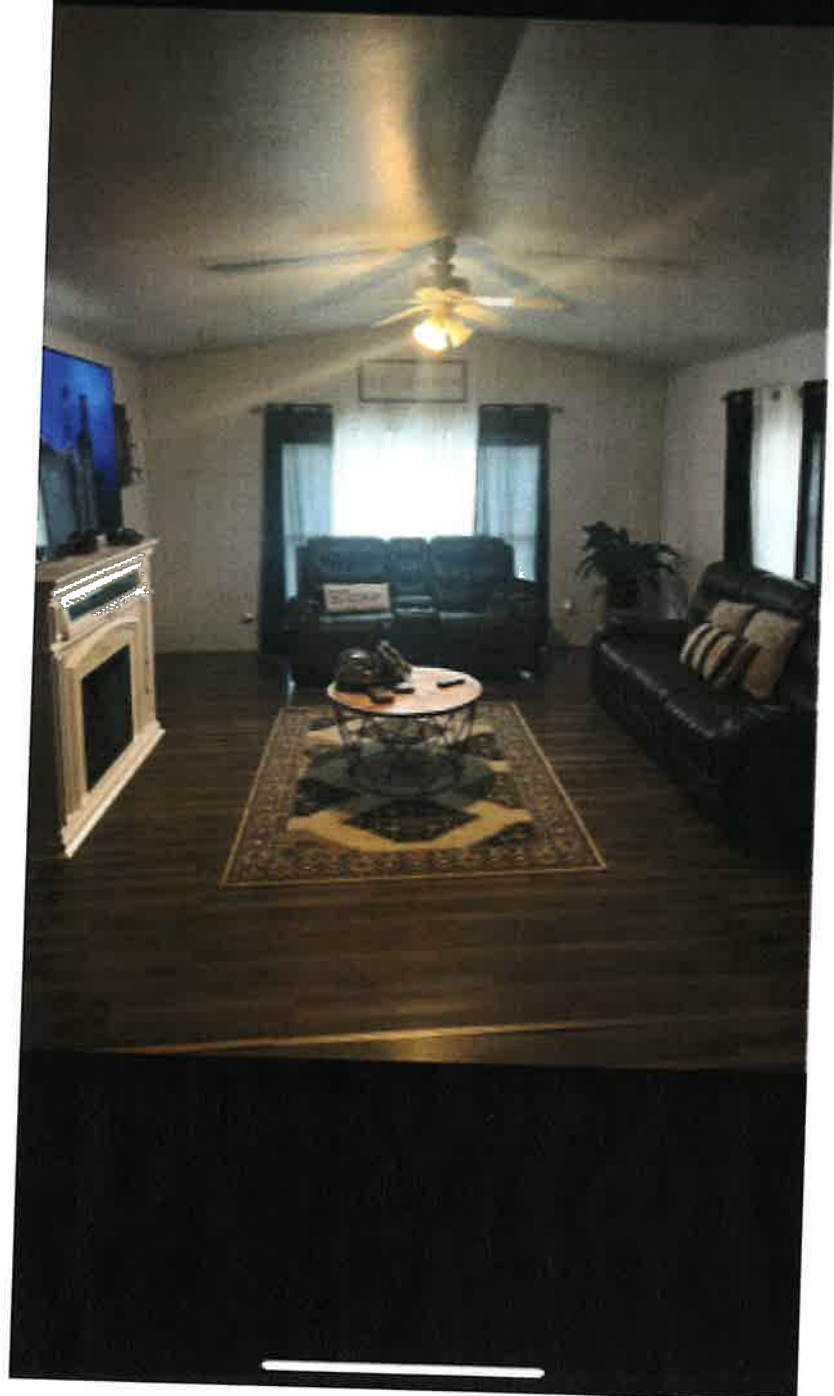


THANK YOU VERY MUCH FOR YOUR TIME

David Wilson

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3 of 13



×

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