

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

Address 107 W. Olden Brook Dr. - moving to Pine Date 7 March 2023
 Permit # 130 fm

Owner David Wilson Phone Number 307-247-0132
 Year of Manufacture 2001 Make of Home MARSHFIELD VIN # 74281

Item Inspected	Inspector Comments	Date
Roofing - Must be in good condition and complete (no missing shingles or broken seams).	<u>Butt Joint</u> <u>Missing Shingles</u> <u>Pass</u>	
<u>PLATE 3 TBS Shingles - looker good</u>		
Flashing - must be secured and sealed with proper caulking.		
<u>Shingles on the windows</u>		
Sliding - Must be in good condition with no holes, tears or missing pieces		
<u>Vinyl Sliding door still in good shape except other front doors is rotten</u>		
Windows - Must not have any broken glass or operating parts and must open and close properly (egress windows in bedrooms).		
<u>The Chaise - still in good shape - No Broken windows</u>		
Floors - Must be solid and in good repair, any breaks or holes need repaired prior to movement permit.		
<u>Marble Dining floor - no carpet in this floor</u>		
Electrical System - No exposed wiring, no blackened outlets or switches and panel with no loose or broken breakers or connections		
<u>Marble top in the Garage Bath (2) <u>Use Smokes in the Garage (3)</u> <u>1 in kitchen</u></u>		
Plumbing - No broken fixtures or cracked porcelain or cracking plastic kitchen or bathroom fixtures.		
<u>Pipes on wood - But need strapped to the walls & caulked so no water goes down wall.</u>		
Furnace - Must have proper cover and look to be in good working order with grills on all floor and wall penetrations.		
<u>Original Fingers on furnace - never change - must be maintained or no heat</u>		
Water Supply Lines - Supply Lines and Drain Lines to all fixtures must look to be in good working order and properly strapped if exposed.		
<u>No broken pipes - electric heat</u>		
Gas Supply Line - Supply lines within home must look to be in good working condition and strapped properly and sealed at penetrations.		
<u>No present no gas stored</u> -		
Gas Appliances - All gas fired appliance must be properly vented and penetrations above and below to be properly sealed.		
<u>Gas Stove & Gas Range are Sealed & have nothing there for furnace</u>		
This Manufactured Home can / cannot be moved into the Town of Mills. I <u>DAVID WILSON</u> will fix the above deficiencies within 30 days.		



Kay

Both will stay & I agree

David Wilson

Date

3-7-23

Signature of Home Owner

Timed in Good Shape



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

Qd 6/13
– per Ordinance 686

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.

Lawrie Wilson

SIGN

3-2-23

DATE



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307-234-6679

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: 4507 4507 W GLEN GARDEN	Proposed Location: 830 PIATTE
Year Built: 2001	Zoning District: RESIDENTIAL
Total Length: 110' 80'	Maximum Height 12'
Maximum Width: 16'	Total GVW: N/A

Plot Plan – Draw Proposal Below

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

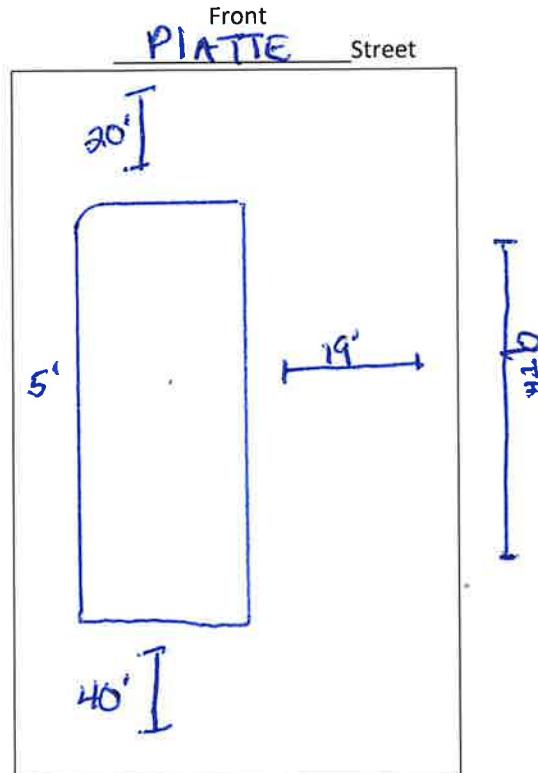
I, _____ Owner/Contractor,
Swear that all information furnished herein is true and correct and that
I will comply with all applicable state and local laws

FEES:

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

Approved: K. Wilson Date 7/20/23

Building Official



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.

JOB ADDRESS: 836 PIATTE			
1. LEGAL DESCRIPTION:	LOT #	BLOCK	ADDITION
2. OWNER INFORMATION:		3. CONTRACTORS INFORMATION: LICENSE# _____	
Name: MARROLYCE WILSON		Name:	
ADDRESS: 411 6TH		ADDRESS:	
TELEPHONE: 307-267-5655		TELEPHONE:	
4. ARCHITECT/ENGINEER:			
5. USE OF BUILDING:			
6. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL			
7. DESCRIPTION OF WORK:			
8. WORK BEING DONE IN FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		9. VALUATIONS OF WORK: \$	
SPECIAL CONDITIONS:		PLAN CHECK FEE: \$	PERMIT FEE: \$
		TYPE OF CONSTRUCTION:	OCCUPANCY GROUP:
		Total Sq. Ft. Of Building:	Number of Stories:
		Max Occupancy Load:	No. Dwelling Units:
Fire Sprinkler Required: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Special Approvals		Required	Received
ZONING			
SOIL REPORT			
ENGINEERING			
HEALTH DEPT.			
FIRE DEPT.			
OTHER (Specify)			
Application Accepted By:			
PLANS CHECKED BY: <i>K. Coffman</i>			
Building Inspector:			
City Planner:			
City Administrator:			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE <i>Marrolyce Wilson</i> 3-5-23			
SIGNATURE OF OWNER (IF OWNER BUILDER) DATE			

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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Permit # _____

Fee \$ _____

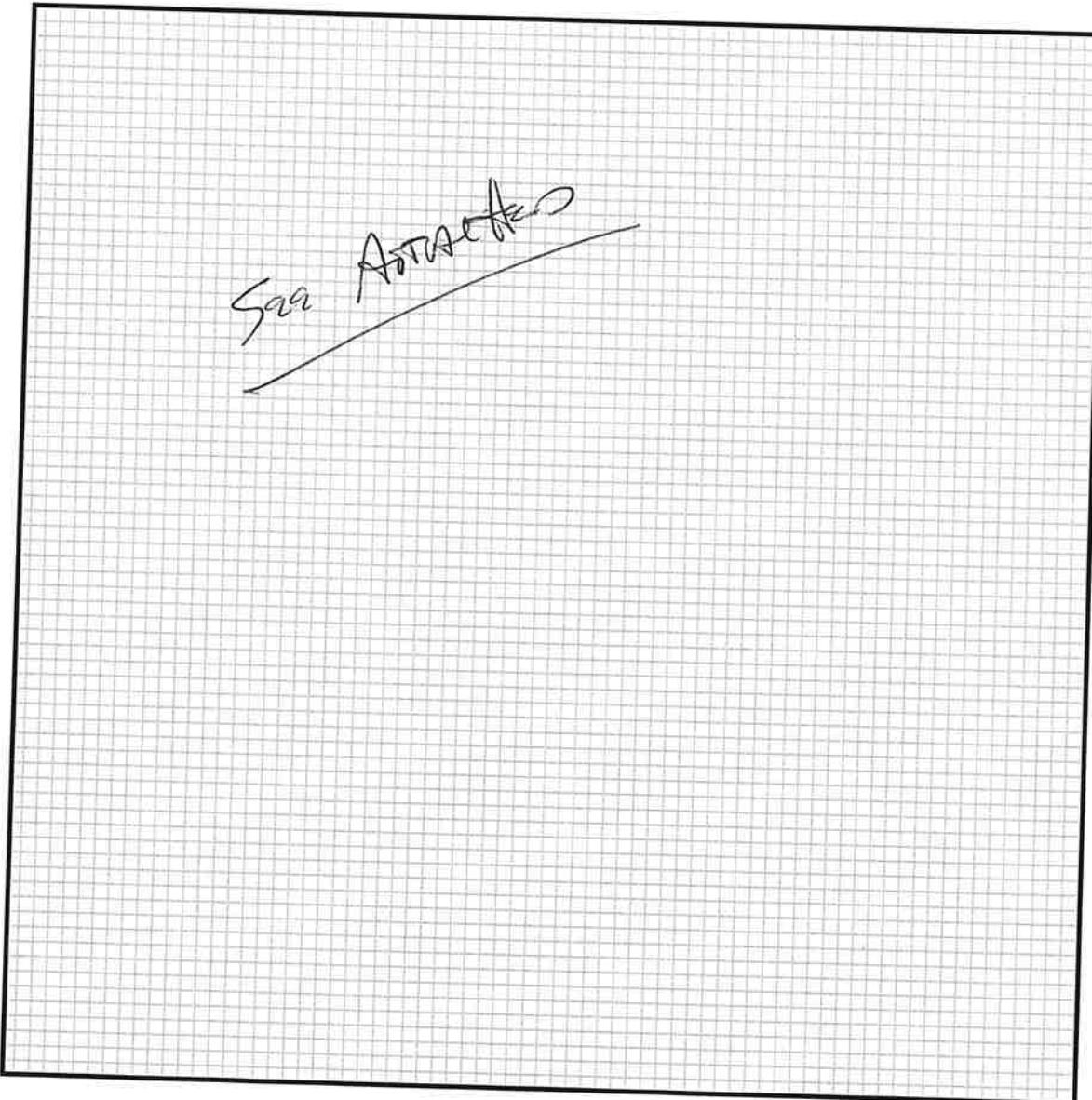
Plot Plan

(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

PROPERTY ADDRESS:			
SUBDIVISION/ADDITION:		BLOCK:	LOT:
SECTION:	TOWNSHIP:		RANGE:
2. OWNER INFORMATION: Name: _____ ADDRESS: _____ TELEPHONE: _____		3. CONTRACTORS INFORMATION: LICENSE# _____ Name: _____ ADDRESS: _____ TELEPHONE: _____	
RESIDENTIAL	CHECK ALL THAT APPLY: <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 _____		
	TOTAL SQUARE FOOTAGE _____		
COMMERCIAL	CHECK ALL THAT APPLY: <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 _____		
	TOTAL SQUARE FOOTAGE _____		
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.)			
BUILDING SETBACKS			
FRONT: _____	REAR: _____	SIDE YARD: _____	CORNER: _____ CORNER LOT STREET SIDE: _____
ZONING REQUIREMENTS			
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: _____

Approvals

City Planner: _____

Building Inspector: _____

**CITY OF MILLS**

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Permit # _____

Fee \$ _____

Plumbing Permit

PROPERTY INFORMATION

OWNER:

ADDRESS:

CITY:

TELEPHONE:

STATE:

ZIP:

CELL:

PERMIT INFORMATION

Valuation of Work: \$ _____

This Plumbing Permit
Involves: (Select One)

SINGLE-FAMILY, DUPLEX OR TOWNHOUSES (RESIDENTIAL ONLY) MIXED-USE
 MULTI-FAMILY (RESIDENTIAL ONLY) COMMERCIAL OR INDUSTRIAL (NON RESIDENTIAL)

This Plumbing Permit
Relates To: (Select One)

CONSTRUCTION OF NEW BUILDING ALTERATION OR ADDITION TO AN EXISTING BUILDING
 CONSTRUCTION OR MODIFICATION OF A NON-BUILDING STRUCTURE

Has a Building Permit Been Obtained for this Project? : YES NO NOT REQUIRED PERMIT #

The Proposed Work Will Be Located:

 Interior Only Exterior Only 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:

OR OWNER IS CONTRACTOR

APPLICANT SIGNATURE:

APPLICATION DATE:

CITY OFFICIAL

APPROVAL SIGNATURE:

APPROVAL DATE:

Mayore Juarez.

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

X

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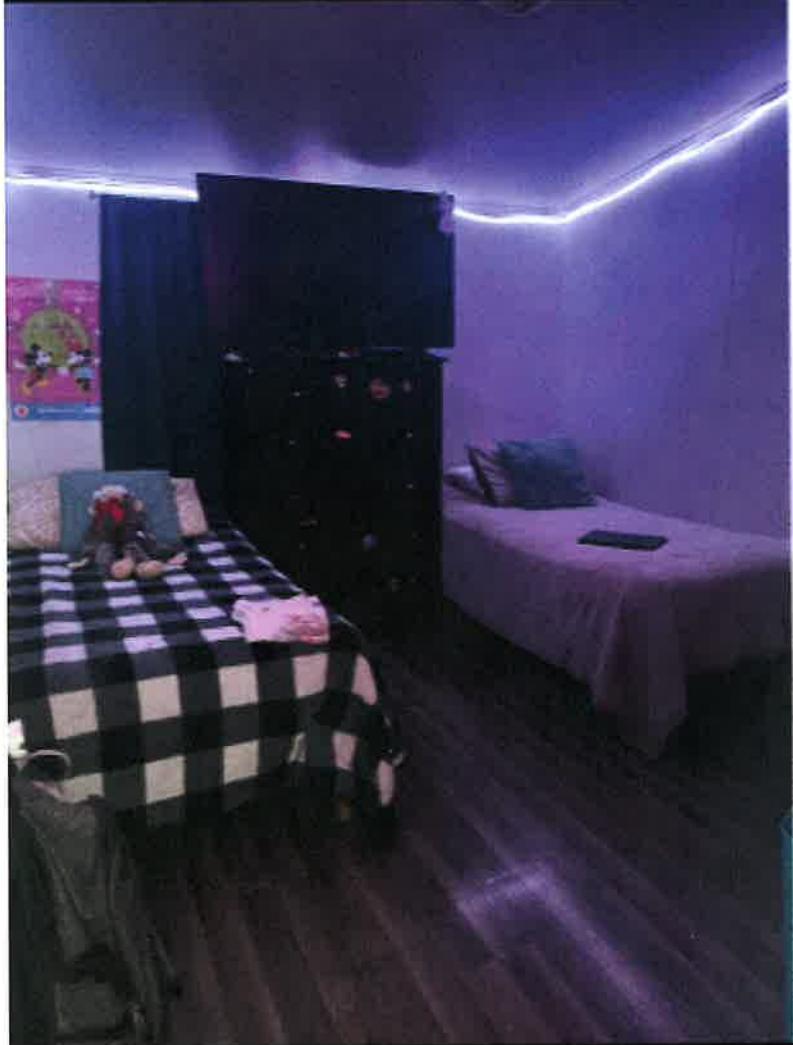
×

3 of 13



X

8 of 13



X

9 of 13

