

Ohio Department of Health

**MANUFACTURED HOME REPLACEMENT
REPORT FORM**

County	Health District
Park Name	Owner
Park Address	Owner Address
City, Zip	City, State, Zip
Park Phone No.	Owner Phone No.

Lot Address & No.	MS Make/Model/Color	Utility Belonging (Indicate number)	Enclosures/Room Additions (Y/N)	Complies w/applicable rules* (Y/N)

I certify that the foregoing information accurately represents the changes specified in this report.

Operator's Signature _____ Date _____

***NOTE: All Homes must be replaced to comply with the provisions of Ohio Administrative Code Rules Chapter 3701-27, as applicable.**

- Reminder: @Homes located in flood plain areas must be replaced in accordance with OAC sections 3701-27-07 to 3701-27-073.
- @If park does not have base support systems complying with OAC section 3701-27-082 (D) - support system must be installed before replacement of any home can commence. (Plan review and approval required)
- @Spacing of homes must comply with provisions of OAC Section 3701-27-08 as applicable.