

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023, FAX: (512) 475-3506

Internet Address: www.tdhca.texas.gov/mhd**PROVISIONAL
INSTALLATION****NOTICE OF INSTALLATION (FORM T)**

You may fax or email this report within 3 working days from the date of installation. Email at installations@tdhca.texas.gov or Fax to (512) 475-3506. Mail the original and fee by regular mail to the address on the letterhead.

Manufacturer Name:					
Model:				Date of Manufacture:	
Label/Seal Number		Complete Serial Number		Width X Length	
Section One:					
Section Two:					
Section Three:					
Consumer Name:					
Home Phone:			Work/Cell Phone:		
Physical Address:			Mailing Address:		
City/State/Zip:			City/State/Zip:		
County Where Home is Installed:			Installation Date:		
Wind Zone:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		Is the home installed in a Humid & Fringe Climate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this only a releveling? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was the home labeled for alternate construction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Name	Address	License #	Expiration Date	Phone #
Retailer					
Installer					
Is home installed in Frost Line Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does retailer or installer provide skirting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is installation part of sales contract of used home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
<u>New Home</u> - The home has been installed in accordance with: <input type="checkbox"/> 1. Manufacturer's Home Installation Instructions (provide page number or option _____). <input type="checkbox"/> 2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).					
<u>Used Home:</u> <input type="checkbox"/> 1. Manufacturer's Home Installation Instructions (provide page number or option _____). <input type="checkbox"/> 2. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25. <input type="checkbox"/> 3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 - provide name of system or reference to MHD Approval Letter or registration _____. <input type="checkbox"/> 4. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).					
FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.					

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 3rd day after which the installation is completed and should not be submitted with the title documents.

TEX. OCC. CODE §1201.206(i): On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.

I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this _____ day of _____, _____.

Signature (Retailer/Installer)

Name (print or type)

NOTE: A minimum of five (5) provisional installations must be inspected without violations for a provisional installer's license to become a full installer's license.

Department Use Only

- ☐ Inspected Without Violations
☐ Inspected With Violations
☐ Not Inspected, Unit Skirted

- ☐ Not Inspected, Unable to Locate
☐ Not Inspected, No Unit At Location
☐ Not Inspected, Unit Not Accessible _____

Footings ☐ Pass ☐ Fail ☐ Not Observed

Home Connections ☐ Pass ☐ Fail ☐ Not Observed

Anchors ☐ Pass ☐ Fail ☐ Not Observed

Crossover Connections ☐ Pass ☐ Fail ☐ Not Observed

Piers ☐ Pass ☐ Fail ☐ Not Observed

Skirting ☐ Pass ☐ Fail ☐ Not Observed

Pier Placement ☐ Pass ☐ Fail ☐ Not Observed

Weatherproofing ☐ Pass ☐ Fail ☐ Not Observed

Ties ☐ Pass ☐ Fail ☐ Not Observed

Site Prep ☐ Pass ☐ Fail ☐ Not Observed

Notes

Inspection Date: _____ HUD/Seal #: _____

I hereby certify on this _____ day of _____, 20____ that the above inspection results are true and correct to the best of my knowledge and belief.

Inspector Signature: _____ Printed Name: _____

Inspector Signature Required

DRAW MAP BELOW