



State Use
Date _____
Approved By _____
Approval # _____

**IOWA STATE BUILDING CODE  
CERTIFICATE OF COMPLIANCE  
MODULAR STRUCTURES**

Model # \_\_\_\_\_ Use of Structure \_\_\_\_\_

This certificate warrants that the above named unit/units are classified as modular factory-built structures, and will be constructed to meet the requirements of the Iowa State Building Code as referenced in the following division/divisions of the Iowa Administrative Code:

Check applicable box or boxes to which this unit/units has/have been reviewed

- |  |  |
|--|--|
| <input type="checkbox"/> IAC 661-301.1 | <input type="checkbox"/> IAC 661-301.2                   |
| <input type="checkbox"/> IAC 661-301.3 | <input type="checkbox"/> IAC 661-301.4                   |
| <input type="checkbox"/> IAC 661-301.5 | <input type="checkbox"/> IAC 661-301.6                   |
| <input type="checkbox"/> IAC 661-301.8 | <input type="checkbox"/> IAC 661-302                     |
| <input type="checkbox"/> IAC 661-303   | <input type="checkbox"/> IAC 661-16 Division VI, Part 1, |

\*note: see subrule 16.610(18) for additional limitations for units other than one and two family dwellings.

**Third-Party Agency Approvals and Certifications**

All third party approvals and certifications do not release the manufacturer of responsibility for compliance to the Iowa State Building Code or any other applicable Iowa laws. Compliance with the requirements of the Iowa state building code are as follows:

1. All plans, drawings, specifications and other documentation for these unit/units have been reviewed to those applicable divisions as indicated above by: \_\_\_\_\_
2. All plant facilities where the above unit/units are manufactured have been approved by: \_\_\_\_\_
3. All in-plant inspections on the above unit/units will be made by: \_\_\_\_\_  
An inspection manual must be on file at the manufacturing facility for review by the building code commissioner or his representative.

**All areas must be completely filled out and signed or document will not be processed**

Manufacturer \_\_\_\_\_  
 Address City/State Zip \_\_\_\_\_  
 Manufacturer Contact E-mail \_\_\_\_\_ Third Party Contact E-mail \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Name and Title: \_\_\_\_\_

Please Submit To  
 Iowa Department of Public Safety  
 Division of State Fire Marshal  
 215 East 7th Street  
 Des Moines, Iowa 50319  
**ALL RESPONSES WILL BE BY E-MAIL**  
**PLEASE ALLOW TWO WEEKS FOR PROCESSING** Updated 9-2011