CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ **BY** _____ **IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?** _____

OWNERS NAME _____ **PHONE** _____**CELL**_____

ADDRESS _____

MOBILE HOME PARK _____**SUBDIVISION**_____

DRIVING DIRECTIONS TO MOBILE HOME _____

_____

_____

MOBILE HOME INSTALLER _____ **PHONE** _____ **CELL**_____

MOBILE HOME INFORMATION

MAKE _____ **YEAR** _____ **SIZE** _____**X**_____ **COLOR** _____

SERIAL No._____

WIND ZONE _____ **Must be wind zone II or higher NO WIND ZONE I ALLOWED**

INSPECTION STANDARDS

INTERIOR:
(P or F) - P= PASS F= FAILED

_____ **SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING**

_____ **FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION** _____

_____ **DOORS ( ) OPERABLE ( ) DAMAGED**

_____ **WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND**

_____ **WINDOWS ( ) OPERABLE ( ) INOPERABLE**

_____ **PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING**

_____ **CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT**

_____ **ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING**

EXTERIOR:
_____ **WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING**

_____ **WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT**

_____ **ROOF ( ) APPEARS SOLID ( ) DAMAGED**

STATUS

APPROVED _____ **WITH CONDITIONS:** _____

NOT APPROVED _____ **NEED RE-INSPECTION FOR FOLLOWING CONDITIONS**_____

_____

SIGNATURE _____ **ID NUMBER**_____ **DATE**_____