

**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 Joseph Decamilis PHONE _____ CELL _____

ADDRESS 190 SW Hodges Way Lakecity FL 320

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Brent Shickland PHONE 386-365-7043 CELL 386-365-7043

MOBILE HOME INFORMATION

MAKE CONC YEAR 1983 SIZE 28 x 56 COLOR _____

SERIAL No. 3338733205AB

WIND ZONE II 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 / SIDING () 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 _____