COLUMBIA COUNTY BUILDING DEPARTMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

Application # ______________

$50.00 Fee Paid ______________

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 / 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

________________________________________________________________________

BUILDING INSPECTOR’S SIGNATURE ________________________ ID NUMBER __________ DATE __________