COUNTY THE MOBILE HOME IS BEING MOVED FROM ____________________________________________________________

OWNERS NAME ___________________________________ PHONE ___________________ CELL ______________________

INSTALLER ______________________________________ PHONE ___________________ CELL ______________________

INSTALLERS ADDRESS ________________________________________________________________

MOBILE HOME INFORMATION

MAKE __________________ YEAR ______________ SIZE _______ X ________________

COLOR __________________ SERIAL No. __________________________________________

WIND ZONE __________________ SMOKE DETECTOR __________________

INTERIOR:

FLOORS __________________________________________________

DOORS __________________________________________________

WALLS __________________________________________________

CABINETS ______________________________________________

ELECTRICAL (FIXTURES/OUTLETS) ________________________________

EXTERIOR:

WALLS / SIDING __________________________________________

WINDOWS ______________________________________________

DOORS ______________________________________________

INSTALLER: APPROVED ___________________ NOT APPROVED ___________________

INSTALLER OR INSPECTORS PRINTED NAME ________________________________

Mobile Home Installer Signature ________________________ License No. __________ Date ______

NOTES: _______________________________________________________________________________________

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND
THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED
AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON
THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION, NO PERMIT WILL BE ISSUED BEFORE
THIS IS DONE.

FOR OFFICE USE

Building Inspectors Signature ______________________________ Date __________