

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Norbie Ransonet PHONE _____ CELL 867-4160

ADDRESS 186 SW Oxford Ct Lake City FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Hwy 90 E to SR 100 veer R to
Price Creek Rd (CR 245) turn (R) to 6355 on (L)
small gray doublewide immediately on (R)

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2020 SIZE 14 x 60 COLOR Gray

SERIAL No. LOH6A22035164 56' Box

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

P SMOKE DETECTOR (X) OPERATIONAL () MISSING

P FLOORS (X) SOLID () WEAK () HOLES DAMAGED LOCATION _____

P DOORS (X) OPERABLE () DAMAGED

P WALLS (X) SOLID () STRUCTURALLY UNSOUND

P WINDOWS (X) OPERABLE () INOPERABLE

P PLUMBING FIXTURES (X) OPERABLE () INOPERABLE () MISSING

P CEILING (X) SOLID () HOLES () LEAKS APPARENT

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

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____