## CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4-11-14 BY 4 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME CONNIE NORTH PHONE CELL 863-303-3732
ADDRESS ZU8 SW Finley Glen
MOBILE HOME PARKSUBDIVISION
to left of SFD
MOBILE HOME INSTALLER Tobert Sheppard PHONE CELL 623-2203
MOBILE HOME INFORMATION
MOBILE HOME INFORMATION  MAKE To ho YEAR Of SIZE Z8 x 56 COLOR Cream / Blech  Control of the color Cream / Blech  Trim
SERIAL No. +CTITCCT COOTTS 41777
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS INTERIOR:
(P or F) - P= PASS F= FAILED
$\frac{\rho}{\rho}$ smoke detector () operational () missing
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALLS () SOLID () STRUCTURALLY UNSOUND
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FIXTURES ( ) OPERABLE ( ) 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 SOL DATE 4-14-14