CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5-10-23 BY MB IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME <u>Catherine Todd</u> <u>PHONE 386-965-556EELL same</u>
ADDRESS \$ 1199 SE Ebenezer Rd, Lake City, FL 32025
MOBILE HOME PARK NA SUBDIVISION NA
DRIVING DIRECTIONS TO MOBILE HOME
MOBILE HOME INSTALLER Manuel Brannon PHONE 386-590-3289 CELL
MOBILE HOME INFORMATION
MAKE Concord YEAR 1982 SIZE X 56' COLOR Tan
SERIAL No. 3338733285AB
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 (YOPERATIONAL () MISSING
FLOORS (//SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS & OPERABLE () DAMAGED
WALLS (//SOLID ()STRUCTURALLY UNSOUND
WINDOWS (YOPERABLE () INOPERABLE
PLUMBING FIXTURES (VOPERABLE () INOPERABLE () MISSING
CEILING (XSOLID () 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 ID NUMBER DATE