

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES
OWNERS NAME Jesse Cooper PHONE _____ CELL 386-292-3856

ADDRESS 155 NW Orbison Dr Lake City FL 32055

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 41 N, TR on NW Ceciley Pl., 1st Left
on Landress, 3rd lot on Left

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

MOBILE HOME INFORMATION

MAKE Redman YEAR 1998 SIZE 14 x 66 COLOR White

SERIAL No. FLA14612496

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 ☒ OPERATIONAL () MISSING
P FLOORS ☒ SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS ☒ OPERABLE () DAMAGED
P WALLS ☒ SOLID () STRUCTURALLY UNSOUND
P WINDOWS ☒ OPERABLE () INOPERABLE
P PLUMBING FIXTURES ☒ OPERABLE () INOPERABLE () MISSING
P CEILING ☒ 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 _____