

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 9.2.22 BY [Signature] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Thomas W. Roulessen PHONE _____ CELL 352.572.5028

ADDRESS POB 999 Silver Springs, FL 34459

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Robert's Lot off Price Creek
6355 off CR 245

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386.623.2203

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1997 SIZE 16 X 44 COLOR White

SERIAL No. 1st of PRE-MH Inspection

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

☐ SMOKE DETECTOR () OPERATIONAL () MISSING
☐ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
☐ DOORS () OPERABLE () DAMAGED
☐ WALLS () SOLID () STRUCTURALLY UNSOUND
☐ WINDOWS () OPERABLE () INOPERABLE
☐ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☐ CEILING () SOLID () HOLES () LEAKS APPARENT
☐ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

*forth coming
gite scheduled 9.6.22*

EXTERIOR:

☐ WALLS / SIDING () 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 _____

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