## CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

	THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Takerra Capa	ers_PHONECELL_386-623-9336
ADDRESS 370 NW Sophie Dr	, 0
MOBILE HOME PARK	SUBDIVISION Parla Mandow Cot 28
DRIVING DIRECTIONS TO MOBILE HOME	1 North @ Suwannee Valley Rd, @
White Springs Ad, (P) S	phiedr, 5th drive on @
MOBILE HOME INSTALLER _ Doug WC	Cauley PHONE CELL 386-303-1963
MOBILE HOME INFORMATION	
	AR 90 SIZE 14 X 76 COLOR
SERIAL No. 019408	
WIND ZONE Must be wi	ind zone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS	
INTERIOR: (P or F) - P= PASS F= FAILED	\$50 00
SMOKE DETECTOR () OPERATIONA	AL () MISSING Date of Payment 1-21-19
P FLOORS () SOLID () WEAK () H	bate of rayment
DOORS () OPERABLE () DAMAGE	•
P WALLS () SOLID () STRUCTURAL	Notes:
WINDOWS () OPERABLE () INOPE	RABLE
PLUMBING FIXTURES ( ) OPERABLE	
CEILING () SOLID () HOLES () LE	
	) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT
EXTERIOR:	
· <b>/</b>	) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING
WINDOWS ( ) CRACKED/ BROKEN G	LASS () SCREENS MISSING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAG	BED .
STATUS /	
APPROVED WITH CONDITIONS:	
NOT APPROVED NEED RE-INSPECTION FO	OR FOLLOWING CONDITIONS
<u></u>	9.7
SIGNATURE Olay	ID NUMBER 306 DATE 1-22-14