

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____
OWNERS NAME Doran Wright PHONE _____ CELL 850-295-1660

ADDRESS 1946 SW Newark Dr, Fort White, FL, 32038

MOBILE HOME PARK _____ SUBDIVISION Three Rivers Estate

DRIVING DIRECTIONS TO MOBILE HOME Turn (R) onto Marion Ave, Turn (L) onto NE Franklin St,
Turn (R) onto NW Main Blvd, Turn (R) onto NW Falling Creek Rd, Turn (R)
onto NW Rivers Ln, Destination on your left.

MOBILE HOME INSTALLER Ronnie Nicks PHONE 386 752 3871 CELL 623 7716

MOBILE HOME INFORMATION

MAKE StxLine YEAR 94 SIZE 24 X 44 COLOR _____

SERIAL No. 546675

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
F 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 Yes

SIGNATURE [Signature] ID NUMBER I H 102545 DATE 8-3-2020