

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 Ahmed G. Haman PHONE _____ CELL 386-365-6406
ADDRESS 7740 US 41 lake city, FL, 32055
MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME C/G mobile Home lot

MOBILE HOME INSTALLER Glenn Williams PHONE _____ CELL 386-344-3669

MOBILE HOME INFORMATION

MAKE Jacobson YEAR 16 SIZE 32 X 52 COLOR Grey
SERIAL No. 835268A / 835267B
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

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 _____