



ORANGE CITY

The Heart of Southwest Volusia

INSPECTION REPORT FOR USED MOBILE HOMES

Permit #: _____

All request for permits to place or replace used mobile/manufactured homes must be accompanied by this completed pre-inspection form.

Owner: _____ Date: _____

Address: _____
(Physical location of home)

Year and Manufacturer: _____

Mobile/Manufactured Home Serial #: _____

Width: _____ Length: _____ Single: _____ Double: _____

C = In Compliance

N = Not in Compliance

FIRE SAFETY/ELECTRICAL

_____ 1. Smoke detector: Install _____ Missing _____

_____ 2. Electrical system checked: Exposed wiring _____ Other _____

_____ 3. Distribution panel: Missing _____ Loose _____ Main missing _____

Breaker missing _____ Unplugged opening _____

Other _____

_____ 4. Electrical fixtures: Missing _____ Installed improperly _____

Improperly wired _____ Loose wire _____

GFCI receptacles not where required _____

_____ 5. Electrical ground: Chassis _____ Main panel _____ Gas pipe _____

CONSTRUCTION

_____ 1. Exit door operable: Front _____ Back _____ Other _____

_____ 2. Exit door locks: Missing _____ Inoperable _____

- _____ 3. Egress windows: Missing _____ Inoperable _____
- _____ 4. Windows: Broken glass _____ Inoperable _____
- _____ 5. Screens: Missing _____ Damaged _____
- _____ 6. Floor system: Joist _____ Decking _____ Area damaged _____
- _____ 7. Interior paneling: Missing _____ Loose _____ Damaged _____
- _____ 8. Rodent proofing: Bottom board _____ Pipe openings _____ Other _____
- _____ 9. Leaks apparent: Ceiling _____ Doors _____ Floor _____ Roof _____
- _____ 10. Vertical tie down straps: Missing _____ Short _____ Damaged _____
- _____ 11. Structural modifications since manufactured: YES _____ NO _____
- _____ 12. Walls: Structurally sound _____ Loose _____ Weather tight _____

PLUMBING

- _____ 1. Trap: Missing _____ Not connected _____ Other _____
- _____ 2. Plumbing fixtures: Missing _____ Not installed _____ Not vented _____
- _____ 3. Relief valve: Missing _____ Inoperable _____ Other _____
- _____ 4. Drain waste and venting piping: Missing _____ Not supported _____
- Cleanouts _____ Use of fittings _____ Not capped _____

HEATING AND AIR CONDITIONING

- _____ 1. Heating appliances: Missing _____ Not connected _____ Other _____
- _____ 2. Deleted heating/ac system: Missing _____ Other _____
- _____ 3. Thermostat: Missing _____ Inoperable _____
- _____ 4. Air registers: Missing _____ Inoperable _____
- _____ 5. Ducts: Not sealed _____ Missing _____ Collapsed _____
- _____ 6. Gas furnace/water heater vent: Missing _____ Loose _____

_____ 7. Return air: To furnace _____ To A/C _____ From rooms _____

_____ 8. Range Vent _____ Hood _____

_____ 9. Gas valve: Accessible _____ Installed improper _____

_____ 10. Gas lines: Not capped _____ No supported _____ Kinked _____

Not bonded _____

Summary

1. Is subject structure found to be fifty (50%) percent or more damaged or deteriorated?
YES NO

2. Will a remodeling permit be required?
YES NO

I _____, hereby certify that this mobile home is or will be
(Print Name)

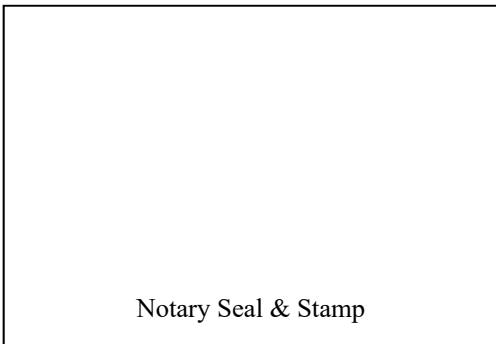
repaired as required for human occupancy in compliance with the Florida Building Code.

Signature Date: _____

Personally Known or Produced Identification: Type of Identification: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public, State of Florida



Note: Should you have questions or require any additional information, please contact the Development Services; Building at (386) 775-5423. Additional documents maybe required upon request by the Development Services.