



BUILDING DIVISION
 120 Malabar Road, S.E., Palm Bay, FL 32907
 Phone: (321) 953-8924 • Fax: (321) 953-8925

INSPECTION REPORT FOR USED MOBILE HOMES

PERMIT #: _____

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

Owner: _____ Date: _____

Address: _____
 (Physical location of home)

Contractor: _____ License #: _____ Phone #: _____

Address: _____ E-mail: _____

Year: _____ Manufacturer: _____ Mobile/Manuf. Home Serial #: _____

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

C = In Compliance N = Not in Compliance

FIRE SAFETY/ELECTRICAL

1.	Smoke detector:	<input type="checkbox"/>	Install	<input type="checkbox"/>	Missing	<input type="checkbox"/>
2.	Electrical system checked:	<input type="checkbox"/>	Exposed wiring	<input type="checkbox"/>	Others	<input type="checkbox"/>
3.	Distribution panel:	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Loose	<input type="checkbox"/>
			Main missing	<input type="checkbox"/>	Breaker missing	<input type="checkbox"/>
			Unplugged opening	<input type="checkbox"/>	Other	<input type="checkbox"/>
4.	Electrical Fixtures:	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Installed improperly	<input type="checkbox"/>
			Improperly wired	<input type="checkbox"/>	Loose wire	<input type="checkbox"/>
			GFCI receptacles not where required	<input type="checkbox"/>		
5.	Electrical ground:	<input type="checkbox"/>	Chassis	<input type="checkbox"/>	Main panel	<input type="checkbox"/>
			Gas pipe	<input type="checkbox"/>		

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		Not 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 repaired
 (Print Name)
 as required for human occupancy.

 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

 Stamp & Seal