

# LEVY COUNTY DEVELOPMENT DEPARTMENT

## CODE COMPLIANCE INSPECTION REPORT OF EXISTING BUILDINGS, INCLUDING MOBILE HOMES

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### Applicant / Owner Information

(If you are not the property owner of record, you will need a notarized letter of authorization)

Owner's Name: \_\_\_\_\_  
Print or Type

Applicant's Name: \_\_\_\_\_  
(If different than owner) Print or Type

Owner or Applicant's Signature: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Applicant's Phone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(optional)

### Parcel Information:

Short Legal Description: Metes & Bounds \_\_\_\_\_

Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Phase: \_\_\_\_\_ Unit: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Situs Address: \_\_\_\_\_

Parcel I.D Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Flood Zone: Yes  No   
(check one)

**Description of Structure:**

Type of structure: Site-Built      Manufactured/Mobile      Modular  
(circle one)

Type of Occupancy: Single family      Multifamily      Commercial      Industrial      Accessory  
(circle one)

Type of Roof: \_\_\_\_\_ Type of Exterior Walls: \_\_\_\_\_  
(hip, gable, gambrel or geodetic)      (Block, Wood Frame, Metal)

<b>*For Manufactured/Mobile Homes Only</b>			
Year Manufactured: _____		Mobile Home I.D. # _____	
_____ Width	_____ Length	<input type="checkbox"/> Single	<input type="checkbox"/> Double <input type="checkbox"/> Triple
WIND ZONE 1 _____		WIND ZONE 2 _____      WIND ZONE 3 _____	

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**Inspection Report Standards by Category**

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C = complies with code      N = not in compliance with code      N/A = Not Applicable

**CONSTRUCTION**

Status  
( C or N )

- \_\_\_\_\_ 1. Egress and Ingress ( ) steps ( ) stoops ( ) ramps
- \_\_\_\_\_ 2. Exit doors operable ( ) front ( ) back ( ) side ( ) other
- \_\_\_\_\_ 3. Exit door locks ( ) missing ( ) inoperable
- \_\_\_\_\_ 4. Emergency egress windows ( ) missing ( ) inoperable

Status  
( C or N )

- \_\_\_\_\_ 5. **Windows** ( ) broken glass ( ) inoperable
- \_\_\_\_\_ 6. **Screens** ( ) missing ( ) damaged
- \_\_\_\_\_ 7. **Floor system** ( ) floor joist ( ) rim joist ( ) decking  
damaged location(s): \_\_\_\_\_
- \_\_\_\_\_ 8. **Interior walls** ( ) missing ( ) loose ( ) deteriorated
- \_\_\_\_\_ 9. **Rodent proofing** ( ) Around piping ( ) duct ( ) bottom board  
( ) Door thresholds ( ) other places \_\_\_\_\_
- \_\_\_\_\_ 10. **Leaks-apparent** ( ) roof edge ( ) ceiling ( ) around windows  
( ) exterior walls ( ) exterior doors ( ) floors ( ) piping
- \_\_\_\_\_ 11. **Tie downs** ( ) missing ( ) too short ( ) kit required
- \_\_\_\_\_ 12. **Exterior Walls** ( ) loose siding ( ) not weather tight / holes  
( ) structurally unsound ( ) out of plumb
- \_\_\_\_\_ 13. **Structural modifications** ( ) yes ( ) no

### FIRE SAFETY / ELECTRICAL

Status  
( C or N )

- \_\_\_\_\_ 1. **Smoke Detectors** ( ) missing ( ) Improper locations
- \_\_\_\_\_ 2. **Distribution Panel** ( ) missing/damaged ( ) loose from wall  
( ) main breaker missing ( ) breakers missing ( ) unplugged  
opening(s) in safety cover or enclosure ( ) loose connections in panel  
( ) no oxide inhibitor on aluminum connections ( ) grounds and  
neutrals not separated, when required ( ) service entrance raceway  
incomplete

Status  
( C or N )

- \_\_\_\_\_ 3. **Electrical Fixtures** ( ) missing ( ) improperly installed  
( ) improperly wired ( ) loose/exposed wires  
( ) GFCI protection not provided where required (at time of construction)
- \_\_\_\_\_ 4. **Electrical Grounding/Bonding** ( ) service grounding/bonding  
( ) mobile home chassis ( ) bond to metal building frame  
( ) main panel not bonded ( ) gas pipe not bonded  
( ) grounding electrode conductor ( ) disconnect not bonded
- \_\_\_\_\_ 5. **Disconnects** ( ) main service ( ) water heater ( ) water pump  
( ) A/C unit condenser ( ) A/C air handler ( ) other

## PLUMBING

Status  
( C or N )

- \_\_\_\_\_ 1. **Traps** ( ) missing traps ( ) not connected ( ) s-trapped  
( ) double trapped ( ) other
- \_\_\_\_\_ 2. **Plumbing Fixtures** ( ) missing ( ) not vented ( ) unsecured
- \_\_\_\_\_ 3. **Water Heater Temperature & Pressure Relief Valve** ( ) missing  
( ) inoperable ( ) undersized relief pipe ( ) relief pipe missing  
( ) relief piping trapped ( ) termination point
- \_\_\_\_\_ 4. **Drain, Waste and Vent Piping** ( ) missing ( ) not capped  
( ) not supported properly ( ) clean outs ( ) use of fittings
- \_\_\_\_\_ 5. **Water piping** ( ) damaged ( ) insufficient size water service  
( ) not protected from freeze
- \_\_\_\_\_ 6. **Water system** ( ) insufficient size for dwelling ( ) back-flow devices  
( ) shut-off valve missing [at dwelling, at water heater]

## HEATING & A/C

Status  
( C or N )

- \_\_\_\_\_ 1. **Home heating appliance** ( ) none/missing ( ) not properly anchored  
( ) not connected to duct system ( ) damper missing where required  
( ) combustible air supply for gas furnace not provided
- \_\_\_\_\_ 2. **Thermostat** ( ) missing ( ) inoperable
- \_\_\_\_\_ 3. **Air registers** ( ) missing ( ) inoperable
- \_\_\_\_\_ 4. **Ducts** ( ) not sealed ( ) missing ( ) collapsed  
( ) not supported properly ( ) unprotected from physical damage
- \_\_\_\_\_ 5. **Gas furnace/water heater flue** ( ) missing ( ) loose ( ) cracked  
( ) not properly supported ( ) improper pipe [single wall, double wall]
- \_\_\_\_\_ 6. **Return air** ( ) to furnace ( ) to A/C ( ) from rooms
- \_\_\_\_\_ 7. **Range** ( ) vents ( ) hoods ( ) clearances
- \_\_\_\_\_ 8. **Gas valves** ( ) installed improperly
- \_\_\_\_\_ 9. **Gas lines** ( ) not capped ( ) not supported properly  
( ) kinked or missing ( ) not bonded to electrical system

**\*\*FOR OFFICE USE ONLY\*\***

1. Is subject structure found to be fifty percent (50%) or more damaged or deteriorated?      Yes       No
  
2. If yes, is the existing structure condemned? Yes       No
  
3. If not, will a remodeling permit be required to affect the repairs?  
Yes       No
  
4. If yes, will a design professional be needed to address any structural issues?  
Yes       No
  
5. Will electrical, mechanical or plumbing or gas permits be required to bring the structure into compliance?      Yes       No
  
6. If yes, indicate below which sub-permits will be required:  
  
Electrical      Plumbing      Mechanical      Gas

<i>Date Inspected:</i> /      / <i>Inspector's Signature:</i>
<i>Inspection Company:</i> Levy County Development Department
<i>License No.:</i> <i>Phone No.:</i> 352-486-5198
<i>Address:</i> Post Office Box 672 Bronson, Florida 32621

**\*\*\*\*\* NOTICE \*\*\*\*\***

- 1.) The above inspection report may reflect corrections that will need additional building permits. Check with the Building Department.
  
- 2.) There may be of stages repairs or construction that require inspection prior to concealing the work. Check with the Building Department.
  
- 3.) All items found to be in noncompliance must be corrected prior to requesting a final inspection on the structure (including mobile homes).