



**Marion  
County**  
FLORIDA

**Marion County  
Board of County Commissioners**

Growth Management • Zoning

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2675  
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**MOBILE HOME INSPECTION STANDARDS**

Owner's Name: \_\_\_\_\_ Data Plate Wind Zone Location: \_\_\_\_\_  
 Owner's Address: \_\_\_\_\_ Mobile Home Identification #: \_\_\_\_\_  
 Owner's Signature: \_\_\_\_\_ Mobile Home Make & Model: \_\_\_\_\_  
 Purchaser's Name: \_\_\_\_\_ Date Inspected: \_\_\_\_\_  
 Purchaser's Signature: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

		APPLICATION		CERT OF OCC	
		VIOL	OK	VIOL	OK
<b>FIRE SAFETY</b>					
1.	Smoke detector: <input type="checkbox"/> Missing <input type="checkbox"/> Location _____				
<b>ELECTRICAL</b>					
1.	Electrical System Checked: <input type="checkbox"/> Continuity <input type="checkbox"/> Converter <input type="checkbox"/> Exposed Wiring				
2.	Distribution Panel: <input type="checkbox"/> Missing <input type="checkbox"/> Loose <input type="checkbox"/> Main Missing <input type="checkbox"/> Breakers Missing <input type="checkbox"/> Unplugged Openings <input type="checkbox"/> Loose Connections <input type="checkbox"/> Not Accessible <input type="checkbox"/> Raceway Missing <input type="checkbox"/> GFI Missing				
3.	Electrical Fixtures: <input type="checkbox"/> Missing <input type="checkbox"/> Installed Improperly <input type="checkbox"/> Improperly Wired <input type="checkbox"/> Improperly Supported <input type="checkbox"/> Loose Wire				
4.	Electrical Ground: <input type="checkbox"/> Chassis <input type="checkbox"/> Exterior Metal <input type="checkbox"/> Main Panel <input type="checkbox"/> Furnace <input type="checkbox"/> Range <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Inlet <input type="checkbox"/> Gas Piping				
5.	Face Plate Covers: <input type="checkbox"/> Missing <input type="checkbox"/> Broken				
<b>CONSTRUCTION</b>					
1.	Exit Doors Operable: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Other _____				
2.	Exit Doors Locks: <input type="checkbox"/> Operable <input type="checkbox"/> Missing				
3.	Egress Windows: <input type="checkbox"/> Missing <input type="checkbox"/> Inoperable (Eff. 1975 Models)				
4.	Windows : <input type="checkbox"/> Inoperable <input type="checkbox"/> Broken				
5.	Screens: <input type="checkbox"/> Missing <input type="checkbox"/> Damaged				
6.	Floor System: <input type="checkbox"/> Damaged Location _____				
7.	Interior Paneling: <input type="checkbox"/> Missing <input type="checkbox"/> Loose				
8.	Rodent Proofing: <input type="checkbox"/> Piping <input type="checkbox"/> Duct <input type="checkbox"/> Insulation Missing <input type="checkbox"/> Other _____				
9.	Leaks (Apparent): <input type="checkbox"/> Roof Edge <input type="checkbox"/> Middle <input type="checkbox"/> Windows <input type="checkbox"/> Holes Exterior Metal <input type="checkbox"/> Doors <input type="checkbox"/> Ceiling <input type="checkbox"/> Floors				

*"Meeting Needs by Exceeding Expectations"*

CONSTRUCTION (CONTINUED)		APPLICATION		CERT OF OCC	
		VIOL	OK	VIOL	OK
10.	Tie Downs – Over Roof: <input type="checkbox"/> Missing <input type="checkbox"/> Too Short <input type="checkbox"/> Kit Required				
11.	<input type="checkbox"/> Structural Modifications Since Manufactured				
<b>PLUMBING</b>					
1.	Traps: <input type="checkbox"/> Missing <input type="checkbox"/> Not Connected <input type="checkbox"/> S Traps <input type="checkbox"/> Double Trapped <input type="checkbox"/> Other _____				
2.	Plumbing Fixtures: <input type="checkbox"/> Missing <input type="checkbox"/> Not Installed <input type="checkbox"/> Not Vented				
3.	Relief Valve: <input type="checkbox"/> Missing <input type="checkbox"/> Inoperable <input type="checkbox"/> Undersize Drain Pipe <input type="checkbox"/> Drain Term Below Bottom <input type="checkbox"/> Drain Pipe Missing				
4.	Drainage Piping: <input type="checkbox"/> Missing <input type="checkbox"/> Not Capped <input type="checkbox"/> Not Supported <input type="checkbox"/> Road Hazard				
5.	Water Piping: <input type="checkbox"/> Not Capped <input type="checkbox"/> Line Kinked <input type="checkbox"/> Damaged				
<b>HEATING – A/C</b>					
1.	Heating Appliances: <input type="checkbox"/> Missing <input type="checkbox"/> Not Anchored <input type="checkbox"/> Not Connected				
2.	Deleted Heating/ A/C System: <input type="checkbox"/> Duct Not Installed <input type="checkbox"/> Dropout Not Installed				
3.	Thermostat: <input type="checkbox"/> Missing <input type="checkbox"/> Inoperable				
4.	Air Registers: <input type="checkbox"/> Missing <input type="checkbox"/> Inoperable				
5.	Ducts: <input type="checkbox"/> Not Sealed <input type="checkbox"/> Collapsed <input type="checkbox"/> Missing				
6.	Furnace/Water Heater Vent: <input type="checkbox"/> Missing <input type="checkbox"/> Loose <input type="checkbox"/> Crooked				
7.	Return Air: <input type="checkbox"/> To Furnace <input type="checkbox"/> To A/C <input type="checkbox"/> From Rooms				
8.	Range/Bathroom Ceiling Vent: <input type="checkbox"/> Open In Ceiling <input type="checkbox"/> Inoperable <input type="checkbox"/> Stack Missing				
9.	Gas Valve (Eff. 5/75): <input type="checkbox"/> Not Applicable <input type="checkbox"/> Missing <input type="checkbox"/> Not Approved				
10.	Gas Piping: <input type="checkbox"/> Not Capped <input type="checkbox"/> Not Supported <input type="checkbox"/> Kinked <input type="checkbox"/> Missing				

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS INSPECTION STANDARDS FORM IS TRUE AND ACCURATE TO THE CONDITION OF THE MOBILE HOME REFERENCED.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

By: \_\_\_\_\_

Personally known to me  
 Produced as identification: \_\_\_\_\_

(seal)

Notary Signature: \_\_\_\_\_