



Serving the Community

# City of Cocoa, Florida

COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING DIVISION  
65 Stone Street, Cocoa, Florida 32922  
PHONE (321) 433-8501 FAX (321) 433-8543

## 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

