



Development Services Department

**Form B24**

Building Safety Division

840 W. 11<sup>th</sup> Street

Panama City, Florida 32401

(850) 248-8350

**BAY COUNTY BUILDING SAFETY**

**INSPECTION REPORT OF USED MOBILE HOMES**

*All requests for permits to place or relocate mobile homes that are more than ten (10) years old based on the manufacture's date in Bay County must be accompanied by this completed inspection form.*

Estimated Cost of Repairs ..... \$ \_\_\_\_\_

*Note: Permits will not be issued for mobile homes if required repairs and certification noted exceeds the cost of \$15,000.00 in the judgement of the Building Official. Mobile homes requiring that level of repair must be repaired prior to being placed or set-up for residential use.*

Owner: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Year and Manufacturer: \_\_\_\_\_

Manufactured Home ID: \_\_\_\_\_

Type of Roof: \_\_\_\_\_ Type of Siding: \_\_\_\_\_

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Circle one:    Single        Double        Triple

ITEM	INSPECTION CHECKS	INSPECTION	
		OK	VIOLATION
<b>FIRE SAFETY</b>	Smoke Detector <input type="checkbox"/> Missing Location _____		
Date Inspected	Inspector or dealer signature _____	License Number _____	
<b>ELECTRICAL</b>	<input type="checkbox"/> System Checked <input type="checkbox"/> Continuity <input type="checkbox"/> Exposed Wiring		
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"/> Loose Connector <input type="checkbox"/> Not Assembled <input type="checkbox"/> Raceway Missing		
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		
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"/> Gas Pipe		
Date Inspected	Inspector or dealer signature _____	License Number _____	

<b>CONSTRUCTION</b>			
Exit Doors	<input type="checkbox"/> Operable <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Other _____		
Exit Door Locks	<input type="checkbox"/> Missing <input type="checkbox"/> Inoperable		
Egress Windows	<input type="checkbox"/> Missing <input type="checkbox"/> Inoperable		
Windows	<input type="checkbox"/> Broken glass <input type="checkbox"/> Inoperable <input type="checkbox"/> Damaged		

*Note: All homes manufactured after 1975 shall have an operable egress window or exterior door located in each sleeping area with a minimum opening dimension of 22 inches.*

ITEM	INSPECTION CHECKS	INSPECTION	
		OK	VIOLATION
Floor System	<input type="checkbox"/> Rim Joist <input type="checkbox"/> Decking <input type="checkbox"/> Damaged location: _____		
Interior Paneling	<input type="checkbox"/> Missing <input type="checkbox"/> Loose <input type="checkbox"/> Deteriorated		
Rodent Proofing	<input type="checkbox"/> Piping <input type="checkbox"/> Duct <input type="checkbox"/> Insulation Missing <input type="checkbox"/> Bottom Board <input type="checkbox"/> Threshold <input type="checkbox"/> Other _____		
Leaks	<input type="checkbox"/> Apparent <input type="checkbox"/> Roof <input type="checkbox"/> Middle <input type="checkbox"/> Window <input type="checkbox"/> Holes <input type="checkbox"/> Exterior metal <input type="checkbox"/> Doors <input type="checkbox"/> Ceiling <input type="checkbox"/> Floors		
Tie-downs	<input type="checkbox"/> Missing <input type="checkbox"/> Too short <input type="checkbox"/> Kit required		
Walls	<input type="checkbox"/> Loose siding <input type="checkbox"/> Structurally unsound <input type="checkbox"/> Not weather tight		
Structural modifications since manufactured <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Inspected	Inspector or dealer signature	License Number	

<b>PLUMBING</b>			
Traps	<input type="checkbox"/> Missing <input type="checkbox"/> Not connected <input type="checkbox"/> Single traps <input type="checkbox"/> Double traps		
Plumbing Fixtures	<input type="checkbox"/> Missing <input type="checkbox"/> Not Installed <input type="checkbox"/> Not Vented <input type="checkbox"/> Unsecured		
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 <input type="checkbox"/> Trapped		
Drain, Waste and Venting piping	<input type="checkbox"/> Missing <input type="checkbox"/> Not capped <input type="checkbox"/> Not supported properly <input type="checkbox"/> Clean outs <input type="checkbox"/> Use of fittings		
Water Piping	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing		
Date Inspected	Inspector or dealer signature	License Number	

*Note: The water heater shall have a relief valve with sufficient room to operate and a minimum ¾ inch discharge extended beneath the home.*

<b>HEATING &amp; A/C</b>			
Heating Appliances	<input type="checkbox"/> Missing <input type="checkbox"/> Not anchored <input type="checkbox"/> Not connected <input type="checkbox"/> Damper missing <input type="checkbox"/> Combustible air supply for gas appliances		
Deleted Heating/ AC System	<input type="checkbox"/> Not installed <input type="checkbox"/> Duct not installed		
Thermostat	<input type="checkbox"/> Missing <input type="checkbox"/> Inoperable		

*Note: All gas appliances shall be connected with an approved shut off valve in homes manufactured after May 1975.*

ITEM	INSPECTION CHECKS	INSPECTION	
		OK	VIOLATION
Air Registers	<input type="checkbox"/> Missing <input type="checkbox"/> Inoperable		
Ducts	<input type="checkbox"/> Not sealed <input type="checkbox"/> Missing <input type="checkbox"/> Collapsed <input type="checkbox"/> Unprotected		
Gas Furnace/ Water heater vent	<input type="checkbox"/> Missing <input type="checkbox"/> Loose <input type="checkbox"/> Cracked		
Return Air	<input type="checkbox"/> to furnace <input type="checkbox"/> to A/C from rooms		
Range	<input type="checkbox"/> Vents <input type="checkbox"/> Hoods		
Gas Valve	<input type="checkbox"/> Installed improperly		
Gas Lines	<input type="checkbox"/> Not capped <input type="checkbox"/> Not supported <input type="checkbox"/> Kinked or missing <input type="checkbox"/> Un-bonded		
Date Inspected	Inspector or dealer signature	License Number	

Permitting Inspection Comments:

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State Licensed Mobile Home Dealer/ State Licensed Architect/ Engineer Signature

\_\_\_\_\_

License Number

\_\_\_\_\_

Date of Inspection