

Permit No. _____

Okeechobee County Community Development Department
1700 NW 9th Avenue Suite A; Okeechobee, FL 34972
(863) 763-5548 • FAX (863) 763-5276

Application for Pre-Tie Down Inspection

Permit applicant's name _____

Current location/address of unit _____

Directions to property _____

Year unit manufactured _____ Manufacturer/model _____

Width _____ length _____ total area _____ sq. ft.

Serial/ID numbers _____

Proposed location/address of unit _____

Subdivision _____ Block _____ Lot _____

Property owner _____

Contact person name _____ Phone _____

----- **Do Not Write Below This Line** -----

Inspector's Findings

Dimensions of unit: width _____ length _____ total area _____ sq. ft.

Roof overhang in inches: ends _____ sides _____

Roof pitch _____ Roof materials _____

Siding materials _____

Roofing materials _____

Standard housing code checklist prepared by inspector attached? (____ Y) (____ N)

Serial/ID numbers verified? (____ Y) (____ N) Comments _____

Overall condition of unit (____ Very Good) (____ Good) (____ Fair) (____ Poor)

Comments/summary description of unit _____

Inspected By _____ Date _____

STANDARD HOUSING CODE CHECKLIST

Unit Manufacturer:
Unit Identification Number(s):
Current Location of Unit:
Date Unit Inspected:
Unit Owner:

HOUSING STANDARD	YES	NO
Unit Contains: kitchen sink, lavatory, tub or shower and a water closet in good working order.		
All plumbing fixtures and water pipes in good working order and will be connected to an approved water supply and sewer/septic system.		
All required plumbing fixtures within dwelling and accessible to occupants in a separate room to ensure privacy (has door with working privacy lock).		
Has working hot and cold water system capable of not less than 120 degrees of heat.		
The relief valve on the water heater shall have unthreaded three-quarter-inch drain pipe extended beneath the mobile home.		
Unit has a working heating system capable of heating all habitable rooms.		
All cooking equipment installed and in working condition. Unit contains no portable open flame cooking device.		
Unit contains a smoke-detector.		
Central air conditioning unit or operating windows in all habitable rooms.		
All electrical outlets maintained in accordance with the National Electrical Code.		
All electrical fixtures shall be safe and properly installed.		
Distribution of panel boards are properly installed, complete with required breakers or fuses, with all unused openings properly covered.		
Exterior walls free of holes, breaks, loose or rotting siding that might admit rain or dampness.		
Roofs structurally sound and maintained to prevent admittance of rain or dampness.		
All windows is substantially weathertight, watertight and rodentproof and in sound working order.		
No window contains broken glass.		
If unit does not have central air conditioning, all windows have screens and the doors have a screen door with self-closing device.		

Exterior exit doors, including sliding glass doors in good and safe working order.		
Exterior doors have safe and operable locks.		
All floors are of solid decking. All holes or damaged floors caused by leaks or broken decking have been replaced or repaired.		
All interior wall coverings are in place.		
The bottom board covering the underside of the floor joist shall be insect-proof and rodent-proof throughout and securely sealed.		
All running gear such as axles, wheels and springs are in good and safe working order.		
Chassis and hitch assemblies are in a safe, undamaged condition.		

Under penalty of perjury, the Undersigned does hereby acknowledge that the Housing Checklist was accurately complete pursuant to an actual inspection of the Housing Unit described above. It is understood that any material inaccuracy or omission may result in a revocation of all applicable permits together with possible civil and criminal prosecution.

IN WITNESS WHEREOF THE UNDERSIGNED HAVE SET THEIR HANDS AND SEALS THIS DAY _____ OF _____, 20__.

OWNER OR INSPECTOR

I HEREBY CERTIFY that on this ____ day of _____, 20__ before me, an officer duly qualified to take acknowledgments, personally appeared _____, to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me that they executed the same.

NOTARY PUBLIC

SEAL