

**LEVY COUNTY DEVELOPMENT DEPARTMENT  
CITY of CEDAR KEY BUILDING AND PLANING DEPARTMENT  
CODE COMPLIANCE INSPECTION REPORT OF EXISTING  
BUILDINGS, INCLUDING MOBILE HOMES**

**NOTICE**

This Code Compliance Inspection Report must be given to the buyer of the property described below on the Parcel Information section of this Code Compliance Report at the time of the property closing if not done prior to the closing.

**BE AWARE:** Power will not be restored to the property until all items marked as non-compliance have been brought into compliance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Buyer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Code Compliance Report must be returned to the Levy County Development Department with all signatures, when application for power and/or remodel/repair permit is applied for.

**Applicant/Owner Information**

(If you are not the property owner of record, you will need a notarized letter of authorization & it must specify you can pull permits for this property)

**Owners Name:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

(If different than owner)

**Owner/Applicant's Signature:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Parcel Information**

Parcel I.D. Number: \_\_\_\_\_ Metes & Bounds: \_\_\_\_\_

911 Address: \_\_\_\_\_

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

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

**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, bambrel or geodetic)

\*For Manufactured/Mobile Homes Only

Year Manufactured: \_\_\_\_\_ Mobile Home I.D. # \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Single wide/Double wide/Triple wide

Wind Zone 1 \_\_\_\_\_ Wind Zone 2 \_\_\_\_\_ Wind Zone 3 \_\_\_\_\_

**Inspection Report Standards by Category**

C = complies with code    N=noncompliance 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

\_\_\_\_\_ 5. Windows    ( )broken glass    ( )damaged

\_\_\_\_\_ 6. Screen    ( )missing    ( )damaged

\_\_\_\_\_ 7. Floor system    ( )floor joist    ( )rim joist    ( )decking

Damaged location(s): \_\_\_\_\_

\_\_\_\_\_ 8. Rodent proofing    ( )around piping    ( )duct    ( )bottom board  
( )door thresholds    ( )other places

\_\_\_\_\_ 9. Leaks-apparent    ( )roof edge    ( )around windows    ( )ceiling

- exterior walls  exterior doors  floors  piping
- \_\_\_\_\_ 10. \*\*Tie downs  missing  too short  kit required  
 structurally unsound  out of plumb
- \_\_\_\_\_ 11. \*\*Exterior Walls  loose siding  not weather tight/holes
- \_\_\_\_\_ 12. Structural modification  yes  no
- \_\_\_\_\_ 13. \*\*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
- \_\_\_\_\_ 14. Water Piping  damaged  not protected from freeze
- \_\_\_\_\_ 15. Water system  back-flow devices  shut-off valve missing
- \_\_\_\_\_ 16. Drain, Waste and Vent Piping  missing  not capped  
 not supported properly  clean outs  use of fittings
- \_\_\_\_\_ 17. \*\*Gas valves  installed improperly
- \_\_\_\_\_ 18. \*\*Gas lines  not capped  not supported properly  
 kinked or missing  not bonded to electrical system
- \_\_\_\_\_ 19. Ducts  not sealed  missing  collapsed  
 not supported properly  unprotected from physical damage
- \_\_\_\_\_ 20. Interior walls  missing  loose  deteriorated

## **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 openings(s) in safety cover or enclosure  
( )loose connections in panel ( )service entrance raceway incomplete  
( )no oxide inhibitor on aluminum connections ( )grounds and  
neutrals not separated, when required
- \_\_\_\_\_ 3. \*Electrical Fixtures ( )missing ( )loose/exposed wires  
( )GFI protection not provided where required (at time of  
construction
- \_\_\_\_\_ 4. \*\*Disconnects ( )main service ( )water heater ( )water pump  
( )A/C unit condenser ( )A/C air handler ( )other

## **PLUMBING**

Status  
(C or N)

- \_\_\_\_\_ 1. \*\*Plumbing Fixtures ( )missing ( )not vented ( )unsecured
- \_\_\_\_\_ 2. \*\*Water Heater Temperature & Pressure Relief Valve ( )missing  
( )inoperable ( )undersized relief pipe ( )relief pipe missing  
( )relief piping trapped ( )termination point
- \_\_\_\_\_ 3. Traps ( )missing traps ( )not connected ( )s-trapped  
( )double trapped ( )other

## **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 ( ) clearance

**LIFE SAFETY ISSUES MUST BE CORRECTED BEFORE POWER IS TURNED ON**

**\*\*\*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, 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 \_\_\_\_\_

**DATE INSPECTED** \_\_\_\_\_

**INSPECTOR'S SIGNATURE** \_\_\_\_\_

**INSPECTION COMPANY** \_\_\_\_\_

**LICENSE NUMBER** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

1. The above inspection report may reflect corrections that will need additional building permits. Check with the Building Department.
2. There may be different stages of repairs or construction that require inspections 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).**