

**LEVY COUNTY DEVELOPMENT 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.)

Owner's Name : _____
Print or Type

Applicant's Name : _____
(If different than owner) Print or Type

Owner or 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, gambrel 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 = non compliance 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 () inoperable
- _____ 6. **Screens** () missing () damaged
- _____ 7. **Floor system** () floor joist () rim joist () decking
damaged location(s): _____
- _____ 8. **Interior walls** () missing () loose () deteriorated
- _____ 9. **Rodent proofing** () Around piping () duct () bottom board
() door thresholds () other places _____
- _____ 10. **Leaks-apparent** () roof edge () ceiling () around windows
() exterior walls () exterior doors () floors () piping
- _____ 11. **** Tie downs** () missing () too short () kit required
- _____ 12. **** Exterior Walls** () loose siding () not weather tight/holes
() structurally unsound () out of plumb
- _____ 13. **Structural modification** () yes () no

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
opening(s) in safety cover or enclosure () loose connections in panel
() no oxide inhibitor on aluminum connections () grounds and neutrals
not separated, when required () service entrance raceway incomplete
- _____ 3. ** **Electrical Fixtures** () missing () loose/exposed wires
() GFC protection not provided where required (at time of construction)
- _____ 4. ** **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
- _____ 5. ** **Disconnects** () main service () water heater () water pump
() A/C unit condenser () A/C air handler () other

PLUMBING

Status
(C or N)

- _____ 1. **Traps** () missing traps () not connected () s-trapped
() double trapped () other
- _____ 2. ** **Plumbing Fixtures** () missing () not vented () unsecured
- _____ 3. ** **Water Heater Temperature & Pressure Relief Valve** () missing
() inoperable () undersized relief pipe () relief pipe missing
() relief piping trapped () termination point
- _____ 4. **Drain, Waste and Vent Piping** () missing () not capped
() not supported properly () clean outs () use of fittings
- _____ 5. **Water Piping** () damaged () not protected from freeze
- _____ 6. **Water system** () back-flow devices () shut-off valve missing
(at dwelling, at water heater)

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 () clearances
- _____ 8. ** Gas valves () installed improperly
- _____ 9. ** Gas lines () not capped () not supported properly
() kinked or missing () not bonded to electrical system

**** 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

LEVY COUNTY DEVELOPMENT DEPARTMENT

APPLICATION FOR PERMIT

P.O. BOX 672, BRONSON, FL. 32621 352-486-5198, 352-486-5200, 352-486-5202

TAX FOLIO NO: (PARCEL#)	DATE:
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OWNERS NAME	OWNERS ADDRESS
	City _____

PHONE #	State _____ Zip _____
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CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)	CONTRACTOR'S ADDRESS
	CITY _____

PHONE #	STATE _____ ZIP _____
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JOB NAME	JOB ADDRESS
	CITY _____ COUNTY - LEVY _____

LEGAL DESCRIPTION _____

SUBDIVISION _____	LOT _____	BLK _____
UNIT _____	PHASE _____	SECTION _____
	TOWNSHIP _____	RANGE _____

TYPE OF CONSTRUCTION: RESIDENCE _____ NEW MOBILE HOME _____ USED MOBILE HOME _____
 ADDITION _____ POOL _____ REMODEL/REPAIR _____ DEMO _____ PREINSPECTION _____
 OTHER _____

DRIVING DIRECTIONS TO JOB SITE: _____

TOTAL COST OF IMPROVEMENTS _____	TOTAL SQ FT. _____
TOTAL LAND AREA _____	NUMBER OF STORIES _____
NUMBER OF BATHROOMS-FULL _____	PARTIAL _____
SQ FT HEATED _____	UNHEATED _____

For Office Use Only	For Office Use Only
ZONING: _____	PERMIT FEE _____
SEPTIC PERMIT # _____	
FLOOD ZONE: _____	
ELEVATION _____	
MIN. FINISH FLOOR ELVATION _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

Signature of Contractor/ Installer

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

County Competency Card # _____

Contractor's State Certification No. _____ or Registration No. _____

Installer's State License # _____

(OFFICE USE ONLY)

Application Approved by _____
Permit Officer Date

Zoning Approved By : _____
Building Official or Zoning Signature Date

Zoning Denied By: _____
Building Official or Zoning Signature Date

Plans Reviewed By: _____
Plans Examiner Signature Date