

WALTON COUNTY BUILDING DEPARTMENT  
**INSPECTION REPORT OF USED MANUFACTURED HOME**

*All requests for permits to place or relocate used manufactured homes in Walton County must be accompanied by this completed inspection form*

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		

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	
<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		

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	
<b>PERMITTING INSPECTION SUMMARY</b>			
Is subject structure found to be fifty (50) percent or more damage or deteriorated?		YES	NO
Will a remodeling permit be required?			
<b>COMMENTS</b>			

NADA Mobile Home/Manufactured Housing Appraisal Guide Value \$ \_\_\_\_\_

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

\_\_\_\_\_  
Inspector or Dealer Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date of Inspection