

## **CITY OF SPRINGFIELD**



## **CODE ENFORCEMENT**

3529 East 3rd Street Springfield, Florida 32401

(850) 872-7570 Ext. 107 (850) 747-5663 Fax

## **Preliminary Manufactured Building / Home Inspection Application**

Inspection Number:	Wind Zone Rating	(Minimum II)	Re-Inspection Yes No
Name of Applicant		Current Address	
Current location of the manufactured	nome/building to be inspected.	Purposed location/address for placer	ment of the manufactured home/building.
Name of Installer	Florida License Number	Phone Number	
Name of selling agency or per	son	Current Address	Phone Number
Make/Model Year	Residential / Commercial	Serial Nun	nber(s)
Physical Description (color, etc.)	Width / Length	HUD Number(s)	Single Double Triple
I do hereby request the City of S manufactured building/home. It above stated location within the transferable and that such fees m. I understand this PRELIMINAL	City of Springfield. I understand the court be paid before the inspection RY INSPECTION is to ensure the	erform a "point of sale <u>prelim</u> pplication for a <u>development p</u> he fees for performing this inspective will take place.  The manufactured home/building	ermit to place the building/home at the
structure. All building permit		preliminary inspection" will	l be completed by the Building Official;
appraiser after structure is accessed) O	R yearly registration; is <b>REQUIR</b> llector's Office. Successful comple	ED as defined by Florida State	ty designation is through the county property e Statute 320.081. Decals can be obtained tion will be valid for thirty (30) days, after
\$1.00per mile of travel outside d	rive mile radius. Re-inspection feeccupancy will NOT be issued unt	es are the same rate. No utilitie	
		\$	
Signature of Applicant	Date	Fee Paid (including mileage)	Collected by