

This is to certify that the mobile home le	ocated at	,
,,,	SERIAL NUMBER	, YEAR
to be permitted for permanent location a	at	,
s owned by	(p	print owner's name) and the
owner attests to the soundness of the ho	mes electrical, plumbing and	mechanical requirements needed
for occupancy, and meet the General Co	onditions Standards for Mobil	e Homes (refer to mobile home
inspection checklist).		
Attested to by	y:Own	er of Mobile Home
		Date
STATE OF	COUNTY OF	
The foregoing instrument was acknowle	edged before me by	
who is [] personally known to me or	-	
as identification and who did not take a	1	
WITNESS my hand and official seal thi	is day of	A.D., 20
Notary Public Signature	λ	lotary Public Seal

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301