

RESOLUTION NO. 2000-196

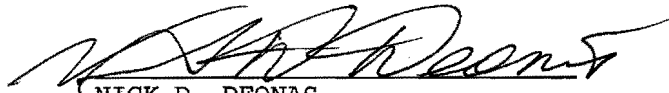
A RESOLUTION APPROVING PARTICIPATION BY THE BUILDING DEPARTMENT IN THE STATE HOUSING INITIATIVE PARTNERSHIP (SHIP) PROGRAM ADMINISTERED BY THE NORTHEAST FLORIDA REGIONAL PLANNING COUNCIL, ASSESSING A PERMIT FEE FOR A PRELIMINARY INSPECTION, AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners of Nassau County, Florida, finds that it is in the best interest of the citizens of Nassau County, Florida, to participate in the SHIP program administered by the Northeast Florida Regional Planning Council.

NOW, THEREFORE, be it resolved this 11th day of December, 2000, by the Board of County Commissioners of Nassau County, Florida, as follows:

1. That the Nassau County Building Department initiate a program to facilitate a preliminary inspection of residential structures after receiving a request in the form of an application from the Northeast Florida Regional Planning Council.
2. That the Nassau County Building Department formulate and utilize a preliminary inspection form similar to that as depicted in Attachment "A", that may be modified from time to time without prior Commission approval.
3. That the fees set forth in Attachment "B" shall be effective immediately upon the approval of this resolution.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



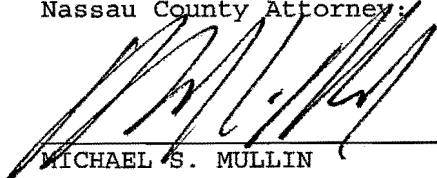
NICK D. DEONAS
Its: Chairman

ATTEST:



J. M. "CHIP" OXLEY, JR.
Its: Ex-Officio Clerk

Approved as to form by the
Nassau County Attorney:



MICHAEL S. MULLIN



Nassau County Building Department

2290 State Road 200
Fernandina Beach, Florida 32034-3056

G.J. "Whitey" Moran, CBO
Building Official

Attachment "A"

**PRELIMINARY INSPECTION REPORT
SHIP PROGRAM**

THE FOLLOWING REPORT IS BASED UPON A VISUAL INSPECTION OF THE REFERENCED STRUCTURE AND ADDRESSES THOSE ISSUES RELATING TO LIFE SAFETY, HEALTH AND GENERAL WELFARE CONDITIONS. Permit # _____

DATE OF INSPECTION: _____ INSPECTOR NAME: _____

ADDRESS: _____ MH: _____ SFR: _____

NUMBER OF STORIES: ONE: _____ TWO: _____ THREE: _____ OTHER: _____

**CONSTRUCTION TYPE:
WOOD: _____ CONCRETE BLOCK: _____ CONCRETE: _____ OTHER: _____**

**FOUNDATION TYPE:
MONOLITHIC: _____ STEM WALL: _____ PILINGS: _____ PIERS: _____ OTHER: _____**

**ROOF TYPE:
TRUSS: _____ FRAMED: _____ FLAT: _____ GABLE: _____ HIP: _____ OTHER: _____**

**ROOF MATERIAL: METAL: _____ ROLL ROOFING: _____ BUILT-UP: _____ TILE: _____
SHINGLE: _____ SLATE: _____ SHAKE: _____ OTHER: _____**

EXTERIOR: GOOD FAIR NEEDS REPAIR NEEDS REPLACEMENT

**FOUNDATION:
COMMENTS: _____**

**SIDING:
COMMENTS: _____**

**WINDOWS:
COMMENTS: _____**

**DOORS:
COMMENTS: _____**

**SOFFITS & FACIA:
COMMENTS: _____**

**ROOF:
COMMENTS: _____**

STAIRS & LANDINGS: _____

COMMENTS:

ELECTRICAL:

COMMENTS:

GOOD FAIR NEEDS REPAIR NEEDS REPLACEMENT

AIR CONDITIONING:

COMMENTS:

PLUMBING:

COMMENTS:

INTERIOR:

FLOORS:

COMMENTS:

WALLS:

COMMENTS:

CEILINGS:

COMMENTS:

KITCHEN PLMB.

COMMENTS:

BATHROOM PLMB.

COMMENTS:

GENERAL PLMB.

COMMENTS:

WATER HEATER:

COMMENTS:

AIR COND.

COMMENTS:

HEATING:

COMMENTS:

ELECT. PANEL:

COMMENTS:

ELECT. WIRING:

COMMENTS:

ELECT. FIXTURES:

COMMENTS:

INSULATION:

COMMENTS:

STAIRS & LANDINGS:

COMMENTS:

SMOKE DETECTORS:

COMMENTS:

WINDOW SCREENS:

COMMENTS:

INTERIOR DOORS:

COMMENTS:

**THE STRUCTURE THAT THIS REPORT PERTAINS TO IS A SINGLE FAMILY: _____
MULTI-FAMILY: _____ RESIDENTIAL BUILDING AND THE OVERALL CONDITION
IS GOOD: _____ FAIR: _____.**

INSPECTORS ADDITIONAL COMMENTS:

(DAMAGE FROM TERMITES, WATER, ROT, ETC.) (LACK OF GFCI, SMOKE DETECTOR, TEMP-PRESSURE, ETC. SAFETY DEVICES)

(NOTE: See page number 4 for Life Safety Issue Priorities)

**THE ITEMS CONTAINED IN THIS REPORT THAT ARE LISTED AS NEEDS REPAIR
OR NEEDS REPLACEMENT WILL REQUIRE A PERMIT FOR:**

BUILDING ITEMS: YES: ___ NO: ___ LIC. CONTRACTOR: YES: ___ NO: ___

PLUMBING ITEMS: YES: ___ NO: ___ LIC. CONTRACTOR: YES: ___ NO: ___

ELECTRICAL ITEMS: YES: ___ NO: ___ LIC. CONTRACTOR: YES: ___ NO: ___

MECHANICAL ITEMS: YES: ___ NO: ___ LIC. CONTRACTOR: YES: ___ NO: ___

ROOFING: YES: ___ NO: ___ LIC. CONTRACTOR: YES: ___ NO: ___

THE INSPECTION HAS DETERMINED THAT THE FOLLOWING PRIORITIES RELATE TO LIFE SAFETY, HEALTH AND GENERAL WELFARE ISSUES AND THEREFORE SHOULD BE ADDRESSED IMMEDIATELY.

DISCREPENCY:

RECOMMENDATION:

DISCREPENCY:

RECOMMENDATION:

DISCREPENCY:

RECOMMENDATION:

DISCREPENCY:

RECOMMENDATION:

THIS REPORT WAS FORWARDED TO THE NORTHEAST FLORIDA REGIONAL PLANNING COUNCIL ON: ___/___/_____.

Signature of Inspector

Date

gJm 11/13/00

Attachment "B"

Preliminary Inspection Fee (SHIP Program)

\$ 50.00