

**CITY OF OCOEE  
MINIMUM STANDARDS CODE INSPECTION REQUEST**

ADDRESS TO BE INSPECTED: \_\_\_\_\_

NUMBER OF OCCUPANTS: \_\_\_\_\_

**(IF YOU ARE RENTING, YOU MUST PROVIDE THE OWNERS NAME & ADDRESS)**

**ALL LISTED OWNERS**

**RENTER'S**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ST: \_\_\_\_\_ CITY/ST: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, \_\_\_\_\_, AM IN LEGAL POSSESSION OF THE PROPERTY LOCATED AT \_\_\_\_\_, OCOEE, FLORIDA, AND I AM REQUESTING THE BUILDING AND ZONING DIRECTOR, OR SUCH OTHER PERSON OR PERSONS DESIGNATED BY SAID DIRECTOR OR THE CITY COMMISSION, TO INSPECT THE AFOREMENTIONED PROPERTY FOR COMPLIANCE WITH THE CODES OF THE CITY OF OCOEE; INCLUDING, BUT NOT LIMITED TO, THE "MINIMUM STANDARDS CODES", AS IT APPLIES TO STRUCTURAL STABILITY, SANITATION, VENTILATION, SAFETY, ELECTRICAL, NUISANCES AND OTHER HAZARDS. I UNDERSTAND THIS INSPECTION DOES NOT INCLUDE THE INSPECTION OF SITE IMPROVEMENTS NOR DOES THIS INSPECTION FULFILL THE REQUIREMENTS FOR THE OCCUPATIONAL LICENSE (ORD 90-17). ADDITIONAL REPAIRS AND IMPROVEMENTS MAY BE REQUIRED.

BY: \_\_\_\_\_  
SIGNATURE DATE

**This is a required inspection that must be scheduled within 5 business days or could result in utility service being interrupted.**

**INSPECTION DATE \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.**

Water Released by: \_\_\_\_\_ Date: \_\_\_\_\_

