

2999

HOUSTON
LIABILITY
FWC

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK H.S. Sept. 2012 Building Official T.C. 9-18-12

AP# 1209-31 Date Received 9/13 By lw Permit # 30481

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category Res. Very Low

Comments Section 2.3.2 Non-Conforming Use Replacing existing MH

FEMA Map# N/A Elevation N/A Finished Floor 1st level River N/A In Floodway N/A

Site Plan with Setbacks Shown EH # 12-0914-E EH Release Well letter WATER Existing well

Recorded Deed or Affidavit from land owner Installer Authorization State Rd Access 911 Sheet verify

Parent Parcel # STUP-MH F W Comp. letter App Fee Pd VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ Out County In County

Road/Code _____ School _____ = TOTAL Suspended March 2009 Ellisville Water Sys

Property ID # R02824-001 Subdivision Timberlane MH Community Lot 16-Phase 2

- New Mobile Home _____ Used Mobile Home MH Size 16x56 Year 2006
- Applicant Patti H. Goodson 303.2222 Phone # 386-755-6795
- Address 337 SW Tompkins St Lake City, FL 32024
- Name of Property Owner Timberlane MHC, LLC Phone# 386-755-6795
- 911 Address 108 SW Sweetbay Court, Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Five Ash Forest, LLC Phone # 386-752-7207
- Address 337 SW Tompkins St Lake City, FL 32024
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 15
- Lot Size 74x150 Total Acreage 5 acres
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes . AL. F. MHP
- Driving Directions to the Property Hwy 247 S to Tran St. Turn Right.
Drive 1/2 mile to Timberlane MHC on Right. 2nd entrance
1st lot on left
- Name of Licensed Dealer/Installer Dale Houston Phone # 386-752-7814
- Installers Address 136 SW Bays Sten Lake City FL 32024
- License Number #H1025142 Installation Decal # 9787

673

lw spoke w PATTI 9.19.12 \$ 325.00

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer. Submit the originals with the packet.

Installer DATE Houston License # IH1025742

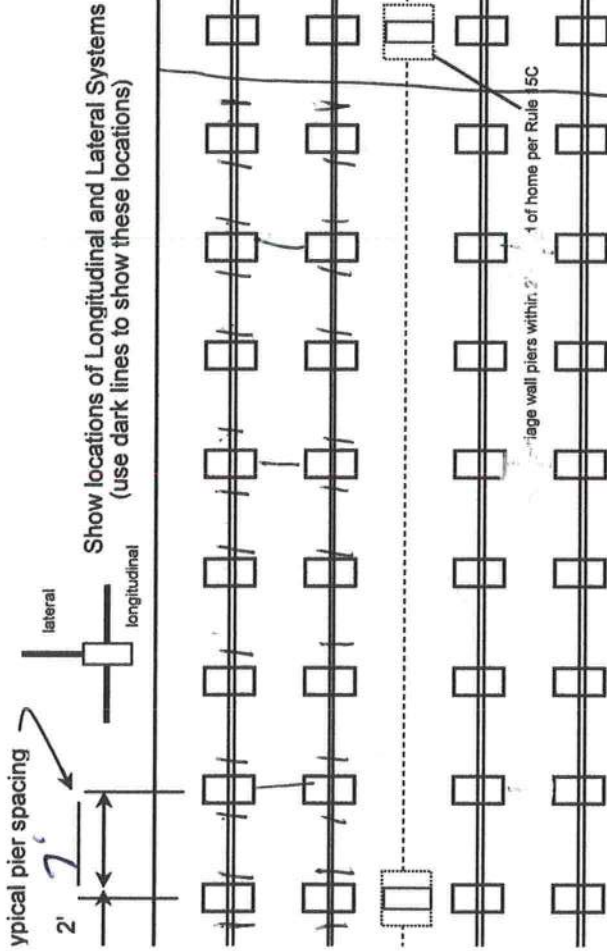
11 Address where home is being installed. _____

Manufacturer Fleetwood Length x width 60x16

NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials DH



New Home Used Home

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide Wind Zone II Wind Zone III

Double wide Installation Decal # 9787

Triple/Quad Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16' x 16" (256)	18 1/2" x 18 1/2" (342)	20' x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23x31

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening No Pier pad size No

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

OTHER TIES

Number	Other Ties
_____	Sidewall
_____	Longitudinal
_____	Marriage wall
_____	Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Overland

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil _____ without testing.

X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing _____ A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. _____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVE HOUSTON
Date Tested 9-7-12

Electrical

_____ next electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. N/A

Plumbing

_____ next all sewer drains to an existing sewer tap or septic tank. Pg. N/A

_____ next all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. N/A

Site Preparation

Debris and organic material removed Swale Pad Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
 Walls: Type Fastener: _____ Length: _____ Spacing: _____
 Roof: Type Fastener: _____ Length: _____ Spacing: _____
 For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials _____

Type gasket _____ Installed: _____
 Pg. _____ Between Floors Yes _____
 Between Walls Yes _____
 Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. _____
 Siding on units is installed to manufacturer's specifications. Yes Pg. _____
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No
 Dryer vent installed outside of skirting. Yes N/A _____
 Range downflow vent installed outside of skirting. Yes N/A _____
 Drain lines supported at 4 foot intervals. Yes N/A _____
 Electrical crossovers protected. Yes N/A _____
 Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Paul Houston Date 9/9/12



COLUMBIA COUNTY BUILDING DEPARTMENT
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Dale Houston, give this authority for the job address show below
Installer License Holder Name
 only, 108 SW Sweetbay Ct, Lake City, FL 32024, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Patti H. Goodson	<i>Patti H. Goodson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Dale Houston License Holders Signature (Notarized) IH1025142 License Number 9-8-12 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

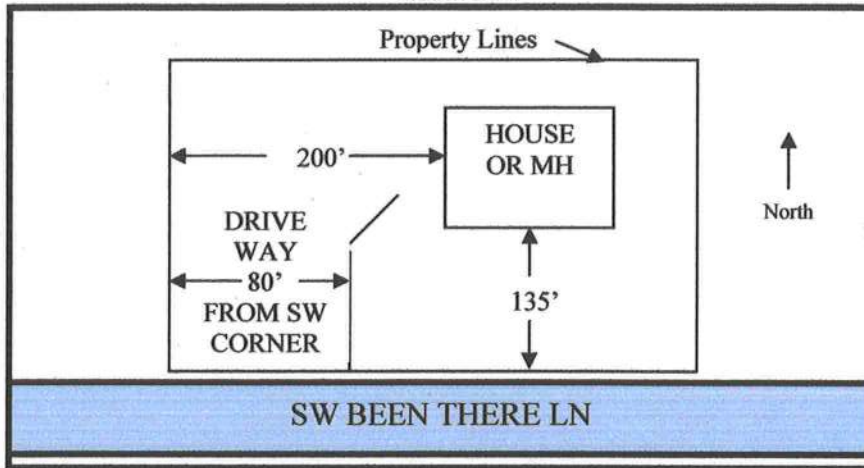
The above license holder, whose name is Dale Houston, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 13th day of Sept, 2012.

Kent Dancer
 NOTARY'S SIGNATURE

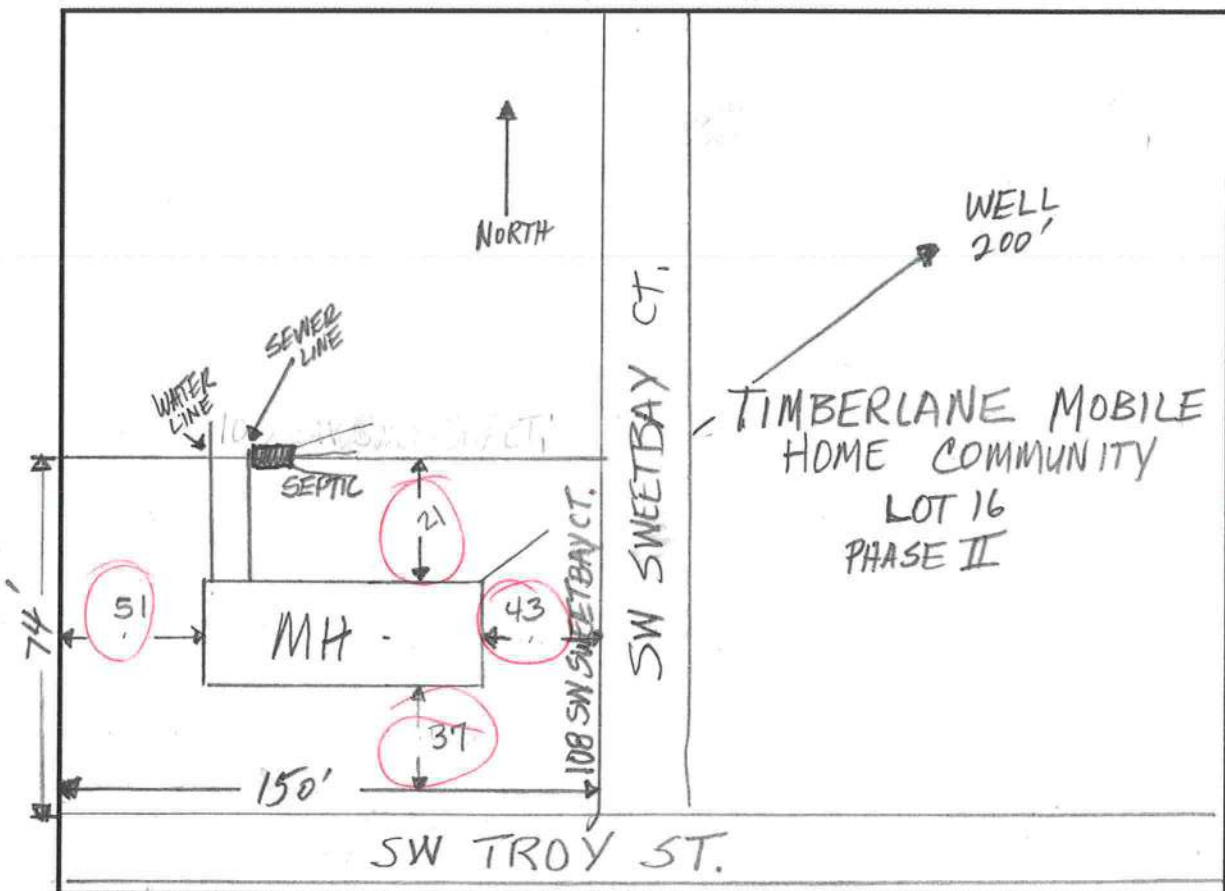


1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



673

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM DUWANNEE 386-303-2272
OWNERS NAME Five Ash Forest, LLC PHONE 386-752-7207 CELL 386-303-249
INSTALLER Dale Houston PHONE 386-752-7814 CELL 386-623-652
INSTALLERS ADDRESS 136 SW Barnes Glen Lake City FL 32024

MOBILE HOME INFORMATION

MAKE Celeb YEAR 2006 SIZE 16 x (60) 56
COLOR Tan SERIAL No. GAFL507A55311SC21
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS ALL IN GOOD REPAIR
DOORS ALL GOOD
WALLS ALL GOOD
CABINETS ALL GOOD
ELECTRICAL (FIXTURES/OUTLETS) ALL GOOD

EXTERIOR:
WALLS / SIDING ALL GOOD
WINDOWS ALL GOOD
DOORS ALL GOOD

INSTALLER: APPROVED NOT APPROVED

INSTALLER OR INSPECTORS PRINTED NAME Dale Houston

Installer/Inspector Signature Dale Houston License No. IH1025142 Date 8/30/12

NOTES:

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Joy Ann Date 9-4-12

RONNIE BRANNON
 COLUMBIA COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS: COLLECTOR
 Reminder REAL ESTATE 2011 12239.0000

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R02824-001		SEE BELOW	SEE BELOW	SEE BELOW	003

Control # 260157 0004 of 0005
 2011 30912 WASTE EXEMPTION
 Amount 2,738.86CK
 PAID BY: GOODSON PATTI & MARK

work on this
 1/10/12

TIMBERLANE MOBILE HOME
 COMMUNITY LLC
 337 SW TOMPKINS ST
 LAKE CITY FL 32024

16-4S-09 2802/2802 5.00 Acres
 E 1/2 OF SE 1/4 OF SW 1/4 OF NE
 1/4 (TIMBERLANE MH PARK)
 WD 1070-47.

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISS	8.0150	84,078	84,078	84,078	673.89
COLUMBIA COUNTY SCHOOL					
DISCRETIONARY	0.7480	84,078		84,078	62.89
LOCAL	5.3670	84,078		84,078	451.25
CAPITAL OUTLAY	1.5000	84,078		84,078	126.12
SUWANNEE RIVER WATER MG	0.4143	84,078		84,078	34.83
LAKE SHORE HOSPITAL AUTH	0.9620	84,078		84,078	80.88
AD VALOREM TAXES					
TOTAL MILLAGE					17.0063
AD VALOREM TAXES					1,429.86

Exemptions Applied:

LEVYING AUTHORITY	RATE	AMOUNT
FIRE ASSESSMENTS		1,309.00
SOLID WASTE - ANNUAL		
NON-AD VALOREM ASSESSMENTS		
NON-AD VALOREM ASSESSMENTS		
1,309.00		

Please retain this portion for your records

COMBINED TAXES AND ASSESSMENTS		
Feb 29 2012	Mar 31 2012	Apr 30 2012
2,711.47	2,738.86	2,821.03
NON-AD VALOREM ASSESSMENTS		
2,738.86		
See reverse side for important information		
May 25 2012		
2,850.53		

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1209-31 CONTRACTOR Dale Houston ³⁸⁶PHONE 623-6522

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Patti H. Goodson</u> License #:	Signature <u>Patti H. Goodson</u> Phone #: <u>386-303-2222</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C	Print Name <u>PATTI GOODSON</u> License #:	Signature _____ Phone #: _____
<input checked="" type="checkbox"/> PLUMBING/ GAS <u>623</u>	Print Name <u>Dale Houston</u> License #: <u>IH1025142</u>	Signature <u>Dale Houston</u> Phone #: <u>386-623-6522</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Janice Williams

From: Ron Croft
Sent: Tuesday, September 18, 2012 9:51 AM
To: Janice Williams
Subject: RE: TIMBERLANE MHP.....

This is what you asked for.

NEWNUMB NEW NEWSTR NEWTY NEWCITY NEW NEWZIP

NEWNUMB	NEW	NEWSTR	NEWTY	NEWCITY	NEW	NEWZIP	
108	SW	SWEETBAY	CT	LAKE CITY	FL	32024	Lot 16 Phase 2
109	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
122	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
123	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
134	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
135	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
150	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
153	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
166	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
167	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
178	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
179	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
194	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
195	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
209	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
210	SW	SWEETBAY	CT	LAKE CITY	FL	32024	
217	SW	SWEETBAY	CT	LAKE CITY	FL	32024	

17 records selected.

Ronal N. Croft

Columbia County 911 Addressing / GIS Department
P.O. Box 1787
Lake City, FL 32056-1787
Phone: 386-758-1125
Fax: 386-758-1365
E-Mail: ron_croft@columbiacountyfla.com

From: Janice Williams
Sent: Tuesday, September 18, 2012 8:58 AM
To: Ron Croft
Subject: TIMBERLANE MHP.....

GM RON:

PLEASE SEND ME A COPY OF ADDRESSES FOR R-02824-001..TIMBERLANE MHP.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 9/13 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME Five Ash Forest, LLC PHONE 386-752-7207 CELL 386-303-2222

ADDRESS 337 SW Tompkins St Lake City, FL 32024

MOBILE HOME PARK Timberlane MHC SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Hwy 247S to Tron St. Turn Right. Drive 1/2 mile to Timberlane MHC on right. 2nd entrance, 1st lot on left.

MOBILE HOME INSTALLER Date Houston PHONE 386-752-7814 CELL 386-623-6522

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2006 SIZE 16 x 60 COLOR Tan/Beige

SERIAL No. GAPL507A553115C21

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

*-LEAK
"FEAS"
FOR NOW.*

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR OPERATIONAL MISSING

P FLOORS SOLID WEAK HOLES DAMAGED LOCATION _____

P DOORS OPERABLE DAMAGED

P WALLS SOLID STRUCTURALLY UNSOUND

P WINDOWS OPERABLE INOPERABLE

P PLUMBING FIXTURES OPERABLE INOPERABLE MISSING

P CEILING SOLID HOLES LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) OPERABLE EXPOSED WIRING OUTLET COVERS MISSING LIGHT FIXTURES MISSING

*# 1209-31
-Pd- 9.13.12*

EXTERIOR:

✓ WALLS / SIDING LOOSE SIDING STRUCTURALLY UNSOUND NOT WEATHERTIGHT NEEDS CLEANING

✓ WINDOWS CRACKED/ BROKEN GLASS SCREENS MISSING WEATHERTIGHT

✓ ROOF APPEARS SOLID DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Troy Cross ID NUMBER 304 DATE 9/29/12



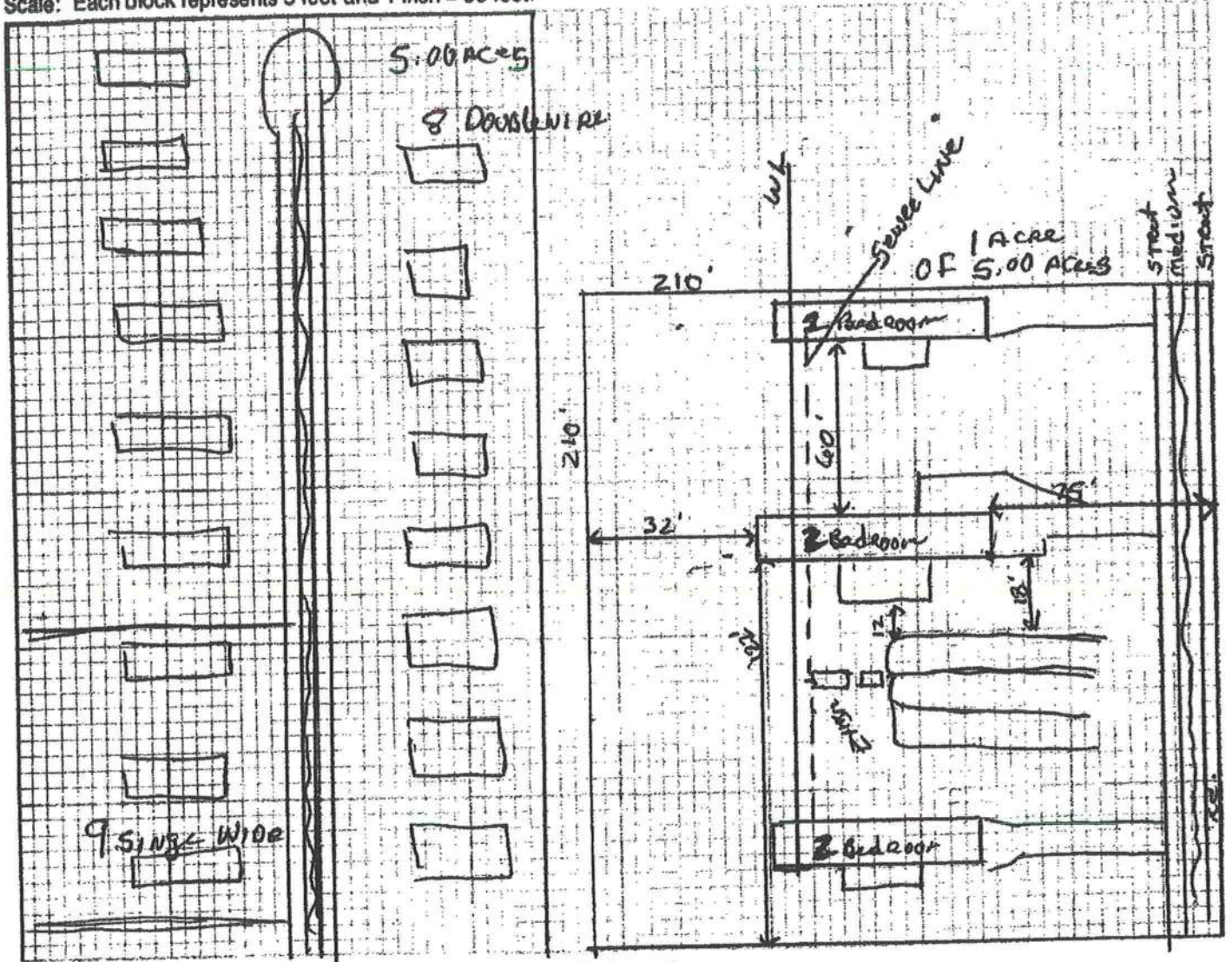
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0414E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes:

Timber Lane Mark & Patty Goodson

Site Plan submitted by

Patty Goodson
signature

Plan Approved

Not Approved

Quinn
Title

Date 9/27/12

Columbia CHD Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 12-0414E
DATE PAID: 9/13/12
FEE PAID: 125.00
RECEIPT #: 2007157
AP 1083116

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: Patti H. Goodson / Timberlane MHC, LLC

AGENT: _____ TELEPHONE: 386-303-2222

MAILING ADDRESS: 337 SW Tompkins St Lake City, FL 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 16 BLOCK: Phase II SUBDIVISION: Timberlane MHC PLATTED: _____

PROPERTY ID #: R02824-001 ZONING: _____ I/M OR EQUIVALENT: (Y) (N)

PROPERTY SIZE: 5 ACRES WATER SUPPLY: Limited Use PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? (Y) (N) DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 108 SW Sweetbay Ct., Lake City, FL 32024

DIRECTIONS TO PROPERTY: Hwy 247 S to Troy St. Turn Right. Travel 1/2 mile to Timberlane MHC on right. 2nd entrance. 1st lot on left.

BUILDING INFORMATION

- RESIDENTIAL
- COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile Home	2	896	3 SW Mobile Homes
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Patti H. Goodson

DATE: 9/13/12