DATE 05/10/2011 Columbia County B This Permit Must Be Prominently Posted	
APPLICANT TEAL HOLLAND	PHONE 386.292.0811
ADDRESS 241 SW TUNSIL STREET	LAKE CITY FL 32024
OWNER MARY JACKSON ESTATE/T. HOLLAND M/H	PHONE 386.752.7122
ADDRESS 239 SW TUNSIL STREET	
CONTRACTOR JACK FLOWERS	PHONE 386.362.1171
	STREET, TR AND IT'S THE FIRST
DRIVEWAY ON R.	STREET, IN AND ITS THE TIKST
TYPE DEVELOPMENT M/H/UTILITY ES	STIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL ARI	EA HEIGHT STORIES
FOUNDATION WALLS I	ROOF PITCH FLOOR
LAND USE & ZONING A-3	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00	REAR 25.00 SIDE 25.00
NO. EX.D.U. 4 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 14-4S-16-02978-000 SUBDIVISIO	ON O
LOT BLOCK PHASE UNIT	TOTAL ACRES 24.74
DIH1016037	× 1000 Cholland
Culvert Permit No. Culvert Waiver Contractor's License Nur	mber Applicant/Owner/Contractor
EXISTING 11-0184-N BLK	TC N
Driveway Connection Septic Tank Number LU & Zoni	ing checked by Approved for Issuance New Resident
COMMENTS: PER COUNTY MANAGER. 1 FOOT ABOVE THE RO	OAD.
	Check # or Cash CASH REC'D.
FOR BUILDING & ZONII	NG DEPARTMENT ONLY (factor/Slah)
Tommonous Pourse	(looter/slab)
date/app. by	date/app. by Monolithic date/app. by
Under slab rough-in plumbing Slab	Sheathing/Nailing
date/app. by	date/app. by date/app. by
Framing Insulation	
date/app. by	te/app. by
Rough-in plumbing above slab and below wood floor	Electrical rough-in
II	date/app. by date/app. by
Peri. beam (Lint	
	date/app. by date/app. by
Permanent power C.O. Final	date/app. by Culvert
date/app. by	Culvert date/app. by
Pump pole Utility Pole M/H tie c	Culvert date/app. by date/app. by
date/app. by	Culvert date/app. by downs, blocking, electricity and plumbing date/app. by Re-roof
Pump pole date/app. by Utility Pole date/app. by M/H tie of	Culvert date/app. by downs, blocking, electricity and plumbing date/app. by date/app. by
Pump pole date/app. by Pump pole date/app. by Utility Pole date/app. by Reconnection RV	Culvert date/app. by downs, blocking, electricity and plumbing Re-roof date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie of date/app. by Reconnection RV date/app. by	Culvert date/app. by date/app. by date/app. by date/app. by Re-roof date/app. by SURCHARGE FEE \$ 0.00
Pump pole	Culvert date/app. by date/app. by date/app. by date/app. by Re-roof date/app. by SURCHARGE FEE \$ 0.00

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

*		Di - O CI DOL MONE ON SINA
1,13	1	* VEE LETTER FROM DALE WMS: YOU NAVE OUSING
SA	effe	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
-	F	or Office Use Only (Revised 1-11) Zoning Official (1) Building Official (1, C, 4 -78-11)
	<u>A</u>	P# 1104-46 Date Received 4/21 By Ju Permit # 29388
		omments Per Could Manager
	C	onments - County + Israeja
		EMA Map# River In Floodway MA
	4	Site Plan with Setbacks Shown DEH# 11-0184-N = EH Release 16 Well letter Existing well
		Recorded Deed or Affidavit from land owner Apstaller Authorization —State Road Access 11 Sheet
		Parent Parcel # □ STUP-MH □ F W Comp. letter ☑ VF Form
		PACT FEES: EMS Fire Corr Out County on County
	Roa	ad/CodeSchool= TOTAL_Impact Fees Suspended March 2009_
		MARY LEE JACKSON ESTATE.
	Pro	perty ID # 14-45-16-02 978-000 Subdivision
	•	New Mobile Home Used Mobile Home MH Size 14 x 68 Year 1983
		Applicant Teal S. Holland Phone # 386-292, 08/1
	•	Address 241 SW Tunsil St. Lake City Fl. 32024
	•	Name of Property Owner MARY LEE JACKSON FT. Phone# 386 151. 7122- CONES
		Name of Property Owner MARY LEE JACKSON FG. Phone# 386 752. 7122- LYNNAMI STACKSON FG. Phone# 386 752. 7122- LYNNAMI STONES 911 Address 239 SW Tunsil St. LAKE CITY FI. 32024 Address MUSTEE
	•	Circle the correct power company - FL Power & Light - Clay Electric
		(Circle One) - <u>Suwannee Valley Electric</u> - <u>Progress Energy</u>
		Name of Owner of Mobile Home Teal Holland Phone # 386-292-0811
		Address 241 SW Tunsil St. Lake City Fl. 32024
_		Relationship to Property Owner Granddaughter
L		Current Number of Dwellings on Property 4
		Lot Size Total Acreage 24.74
	· ·	
	•	Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
	•	Is this Mobile Home Replacing an Existing Mobile HomeNo
	•	Driving Directions to the Property Highway 98 west to sister welcome Rd. (county Rd.TL
•	٠,	+0 Tuns, 1 street turn right at First drive way on right.
		Name of Licensed Dealer/Installer Jack Flowers Phone # 386-362-117
		Installers Address 7434 CK 795 Live Oak, F1. 32060 386-362-83 ".LL
V	,	License Number DIH 1016037 Installation Decal # 45600
		1 11 houselies of the for one whell To
		Iried to IV MESTIGE: # has been disconnected. Te Just uncle #: and Automatically disconnected:
		Lied UNCICHE. WAS AUTOMATICALLY CASCIONNECTED.

COUNTY PERMIT WORKSHEET New Home	Single wide Wind Zone II Wind Zone III Double wide Installation Decal # 5640 Triple/Quad Serial # 64FIL Prostrate Triple/Quad 176	oter 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" X 24" 26" x 26" 256	S	the mfg.) The approximate locations of marriage the approximate locations of marriage to senings 4 foot or greater. Use this all to show the piers. The approximate locations of marriage that the piers of the piers of the piers.	Comparing Prier pad Size 4 ft 5 ft 5 ft
COLUMBIA ist be completed and signed by the installer. with the packet. Whilesel Hunes License # DIH 1016	C, +;	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 Typical pier spacing 2.		marriage wall piers within 2' of end of home per Rule 15C	

Site Preparation	Debris and organic material removed	Water drainage: Natural V Swale Pad Other	Fastening multi wide units	Length:	Walls: Type Fastener. Cength: Spacing: Roof: Type Fastener. Smin 30 dauge 8"wide galvanized metal strip	will be centefed over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.	Gasket (westhemnofing requirement)	I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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.	4	Type gasket 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Weatherproofing	The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Miscellaneous	Skirting to be installed. Yes No	irting.	Other:
	POCKET PENETROMETER TEST	The pocket penetrometer tests are rounded down to	- Supplemental		POCKET PENETROMETER TESTING METHOD	1. Test the perimeter of the home at 6 locations.	2. Take the reading at the depth of the footer.	Using 500 lb. increments, take the lowest reading and round down to that increment.		TORQUE PROBE TEST	The results of the torque probe test is 350 inch pounds or check here if you are declaring 5' anchors without testing 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 tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	Installer Name Jack Flowers / FloxIDA Wholesak Hornes	Date Tested 03- 16-11	Flortrical

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

Installer Signature

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. V

Plumbing

Julle Date 04-1-1

Columbia County Property Appraiser

DB Last Updated: 3/22/2011

Parcel: 14-4S-16-02978-000

<< Next Lower Parcel Next Higher Parcel >>

Owner & Property Info

JACKSON MA	JACKSON MARY LEE (DECEASED)					
265 NW TUN	265 NW TUNSIL ST					
241 SW TUN	241 SW TUNSIL ST					
CROPLAND C	(005200)					
2 (County)	Neighborhood	14416				
25.740 ACRES	Market Area	06				
	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.					
	C/O LYNWAR 265 NW TUN LAKE CITY, F 241 SW TUN CROPLAND C 2 (County) 25.740 ACRES NOTE: This de	CROPLAND C (005200) 2 (County) Neighborhood 25.740 Market Area NOTE: This description is not to be used				

SW1/4 OF SE1/4, EX 6.31 AC & EX 3.55 AC DESC IN ORB 677-546 & EX 4.40 AC DESC ORB 693-438. ORB 225-601

Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (1)	\$13,703.00
Ag Land Value	cnt: (3)	\$4,948.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (6)	\$4,185.00
Total Appraised Value		\$22,836.00
Just Value		\$132,112.00
Class Value		\$22,836.00
Assessed Value		\$22,836.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$22,836 Other: \$22,836 Schl: \$22,836

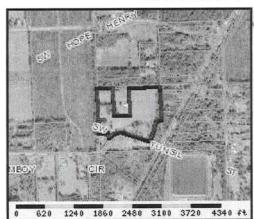
2010 Tax Year

Tax Collector Tax Estimator Property Card

Parcel List Generator

Interactive GIS Map Print

Search Result: 1 of 1



2011 Working Values

NOTE:

2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
			NONE			

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value			
	NONE								

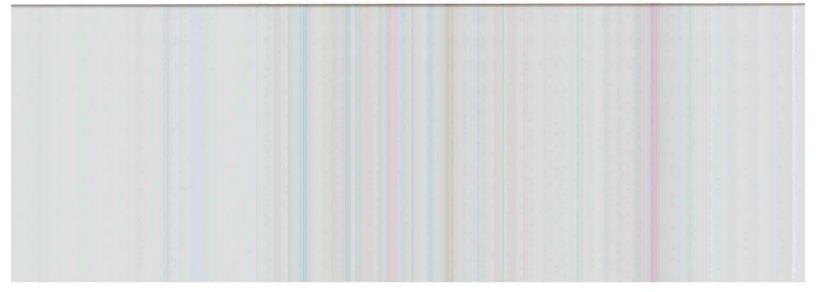
Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0070	CARPORT UF	2009	\$720.00	0000360.000	18 x 20 x 0	(000.00)
0296	SHED METAL	2009	\$300.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	2009	\$400.00	0000001.000	0 x 0 x 0	(000.00)
0070	CARPORT UF	2009	\$739.00	0000528.000	22 x 24 x 0	AP (030.00)
0294	SHED WOOD/	2009	\$600.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

http://g2.columbia.floridapa.com/GIS/D_SearchResults.asp

4/21/2011



COUNTY

BOARD OF COUNTY COMMISSIONERS . COLUMBIA COUNTY

March 30, 2011

MEMO

TO: Building and Zoning Department

FR: Dale Williams, County Manager

RE: Mary Lee Jackson Estate

Please find attached a letter received from Lynward Jones regarding the above referenced estate. The letter was submitted at my request following a phone call between Mr. Jones and I.

A niece of Mr. Jones will be making application for a mobile home permit on the property. The property is part of an estate where all heirs can not be located. This was determined when a previous permit application was filed on the same parcel. Mr. Jones was allowed to sign in behalf of the estate.

As the issue with the estate continues, it will be necessary to allow Mr. Jones to again sign in behalf of the estate. Please advise if I may be of further assistance.

DW/cnb

XC: Marlin Feagle, Attorney

Lynward Jones

BOARD MEETS FIRST THURSDAY AT 7:00 P.M. AND THIRD THURSDAY AT 7:00 P.M.

P. O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100

REQUEST FOR MOBILE HOME PLACEMENT PERMIT

March 29, 2011

To: Mr. Dale Williams

From: Lynward Jones

per our conversation on Monday March 28, 2011, I am asking for your assistance with the issuance of a permit to place a Mobile Home on the property listed below.

I understand that the County requires written consent from all parties concerned when heir property is involved, however I have not been able to do so because the whereabouts of the heirs is unknown at this time.

Name Property Listed in: Jackson Mary Lee (Deceased)

C/0 Lynward Jones 265 NW Tunsil St Lake City FL 32024

Property Account Number: R02978-000

Description From Tax Notice: 14-4S-16 5200/0202 25.74 acres

SW1/4 OF SE1/4, EX 6.31 AC & EX 3.55 AC DESC IN ORB 677-546 & EX 4.40 AC DESC ORB 693-438.

ORB 225-601

If approved the permit should be issued to: Teal Holland (Daughter of one of the heirs)

241 SW Tunsil St. Lake City, FL 32024

Your assistance with this matter will be greatly appreciated. I can be reached at 752-7922 home or 697-4327.

nwwd Lares

Board of County Commissioners

Columbia County

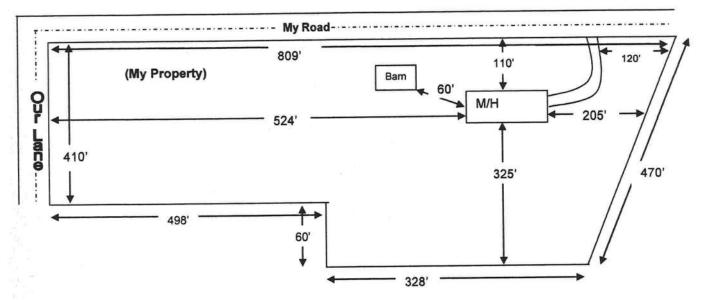


DEPARTMENT OF HEALTH

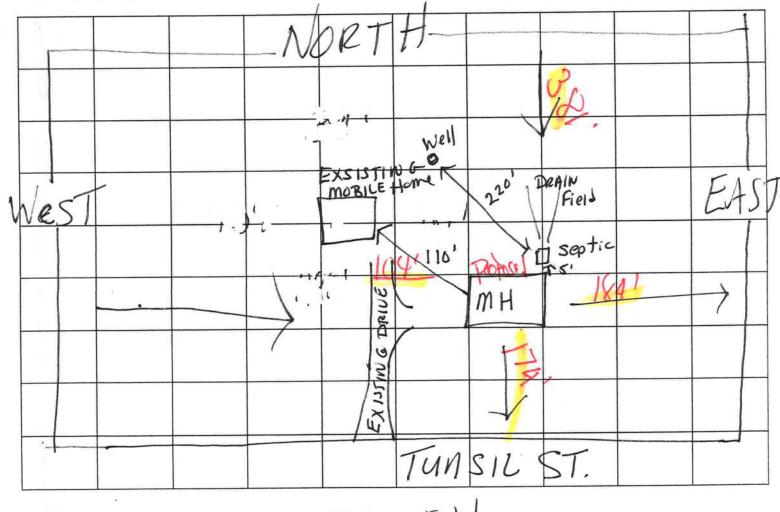
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number - PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. 381 Notes: Site Plan submitted by: Not Approved Plan Approved County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used) (Stock Number: 5744-002-4015-6) Page 2 of 3 Redo

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



SoutH



1104-46

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787 PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED:

4/21/2011

DATE ISSUED:

4/27/2011

ENHANCED 9-1-1 ADDRESS:

239

SW TUNSIL

ST

LAKE CITY

FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

14-4S-16-02978-000

Remarks:

5TH LOCATION ON PARCEL, USING SAME ACCESS AS 241 SW TUNSIL ST.

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

1963

01:14:41 p.m. 04-21-2811 1/1 3% 75% LK.() FAX=4
CODE ENFORCEMEN 'DEPARTMENT
COLUMBIA COUNTY, FLORIDA
COUNTY MOBILE HO: IE INSPECTION REPORT

S TO THE STATE OF
COUNTY THE MOBILE HOME IS BEING MOVED FROM A 100 UK
OWNERS NAME FLORIDA Who I- Sole Homes PHONE 386-862-1171 CRIL
INSTALLER Florida Whatsale Homes PI ONE386-362-1171 CELL381-362-8124
INSTALLERS ADDRESS TYRY CR. 745 LIVE DAK, FL 52060
MOBILE HOME INFORMATION
MAKE WIRST YEAR 19/3 SIZE 14 X 64
COLOR TON SERIAL NO GA SUAD 05 055 762
WIND ZONE 2 SMOH : DETECTOR
INTERIOR: FLOORS Good
DOORS Good
WALLS COM
CAMPLETS GOOD
ELECTRICAL (FIXTURES/OUTLETS) CTOAL
WALLS / SIDDING Metal
WINDOWS Good
DOORS Gas
STATUE: NOT APPROVEDNOT APPROVED
NOTES:
INSTALLER OR INSPECTORS PRINTED NAME JACK 7 BWERS 171. While SIGLE HOM
Installer/Irreposter Signature Cath Mallale & Joense Notice 1016/37/ Young 5/5/1/
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDI IG INSPECTOR CAN BIGN THIS PORM.
NO WIND ZONE ONE MOBILE HOMES WILL SE PERMITTED MOI LE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.
BEFORE THE MODILE HOME CAN BE MOVED INTO COLUMBIA (DURTY THIS FORM MUST BE COMPLETED AND REFURNED TO THE COLUMBIA COUNTY BUILDING DEPAR WENT.
ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST (OMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 188-719-2038 TO SET UP THIS INSPEC 109. NO PERMIT WILL BE ISSUED REPORT THIS IS DONE.
ode Enforcement Approved Suppose Att S Pull

			VERIFICATION	FORM
MORILE HOME INSTALLA	HON SUR	SCONTRACTOR	VERIFICATION	FUKIN

APPLICATION NUMBER _	1109-46	CONTRACTOR	JACK HOWES	PHONE 386. 362 li	7
AFFLICATION NOWIDLIN_					

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 <u>REQUIRED</u> 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.

ELECTRICAL		Signature <u>Lynutated fare</u> Phone #: 3 & 60 - 752 - 7922
MECHANICAL/	Print Name License #: Loom UNIT	Signature Phone #:
PLUMBING/ GAS	Print NameLicense #:	SignaturePhone #:

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.

Contractor Forms: Subcontractor form: 1/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _	1109-96	CONTRACTOR JACK JOWES	PHONE 3PG. 36L 117

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 <u>REQUIRED</u> 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.

ELECTRICAL	Print Name Lynward Jones	Signature <u>Lynurazedi Laso</u> Phone #: 3 & 6 - 752 - 7922
MECHANICAL/ A/C	Print Name License #: Loom Unit	Signatore #:
PLUMBING/	Print Name Jack Flowers License #: DIH 1016037	Signature Phone #: 386-362-1771

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.

**Contractor Forms: Subcontractor forms: 3/31



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 - 1104-46 Phone: 386-758-1008 Fax: 386-758-2160

BUILDING AND ZUNING

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, JACK FLOWERS Installer License Holder Na	give this authority	for the job address show below	
only, 239 SM	1	, and I do certify that	
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)	
Teal Holland	Teal Holland	Agent Officer Property Owner	
		Agent Officer Property Owner	
		Agent Officer Property Owner	
Local Ordinances. I understand that the State Licer holder for violations committed by document and that I have full resulting the Holders Signature (Nota NOTARY INFORMATION: STATE OF: Florida	responsible for compliance with maing Board has the power and any him/her or by his/her authorized sponsibility for compliance grant	all Florida Statutes, Codes, and authority to discipline a license ad person(s) through this red by issuance of such permits.	
The above license holder, whose personally appeared before me a (type of I.D.) NOTARY'S SIGNATURE	e name is Jack R fl and is known by me or has produ on this 10 day	وس قراد الله الله الله الله الله الله الله ال	

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4.21.11 BY J IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED 4.
OWNERS NAME Teal Holland PHONE 386-365-7463 CELL_
ADDRESS 241 SW Tunsil St. Lake City F1. 32024
MOBILE HOME PARK SUBDIVISION No
DRIVING DIRECTIONS TO MOBILE HOME 90-W TO C-341, TL TO TUNEIL TR AND 1+'S 76
First Devenus on R.
MOBILE HOME INSTALLER Florida Whole sale Home PHONE 356-362-11) CELL
MOBILE HOME INFORMATION
MAKE West YEAR 1983 SIZE 14 x 68 COLOR Taw
SERIAL NO. GAFILAD 03 SS 762
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS
INTERIOR: (P or F) - P= PASS F= FAILED \$50.00
SMOKE DETECTOR () OPERATIONAL () MISSING Date of Payment: 4, 21-11
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _ Paid By Nollano
DOORS () OPERABLE () DAMAGED Notes: Instection to be Jong
WALLS () SOLID () STRUCTURALLY UNSOUND ONCE MIN MOVE of INTO COUNTY
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
CEILING () SOLID () HOLES () LEAKS APPARENT
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING
EXTERIOR: WALLS / SIDDING () 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 Att S-Per ID NUMBER 402 DATE 5-11-11

