PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

		(Revised 7-1-15)	Zoning Official	Building Official
<u>A</u>	P# 5493	Date Rece	eivedBy_	Permit #
F	lood Zone	Development Permit	Zoning	Land Use Plan Map Category
С	omments			
_				
				River In Floodway
	Recorded Deed or	□ Property Appraise	r PO 🗆 Site Plan 🗆 EH #	□ Well letter OR
	Existing well 🗆 L	and Owner Affidavit	□ Installer Authorization	□ FW Comp. letter □ App Fee Paid
	DOT Approval 🗆 F	arent Parcel #	= STUP-N	/lH □ 911 App
	Ellisville Water Sys	□ Assessment	□ Out County	□ In County □ Sub VF Form
Pro	perty ID# <u>32</u> .	25-16-01809	-108_ Subdivision_	Indian Ridge Lot# 8
	New Mobile Hom	eUs	ed Mobile Home	MH Size 28 X 56 Year 2022
				hone # (386) 984-9334
	Address 313	NW Brook	loop, Lake Co	Ly Fl, 32055
	52			Phone# (386) 628 - 1271
			moka Ci	
•	Circle the correc		FL Power & Lig	
		(Circle One) -	Suwannee Valley Ele	ctric - Duke Energy
	Name of Owner	of Mahila Hama	Tera Geometo	Phone # \386) 628-129
		NW Tomo	· ·	Phone # (500) & 200
	22	roperty Owner	A (80)	
•	15.50 FG	1 170 Santa	7	
•	Current Number	of Dwellings on Pro	operty	
-	Lot Size		Total Acreage	5.02 Acres.
•	Do you : Have Ex	kisting Drive or Priv	Road Sign)	rt Permit or Culvert Waiver (Circle one) in a Culvert (Not existing but do not need a Culvert)
	1.5		xisting Mobile Home	No
-	Driving Direction	s to the Property_	Turn (1) onto NE MI	adison ST, Turn @ onto NW MAR
			The state of the s	n(D) ando NW Lake Jeffery R
		7.00	1/2/	LONW Indian Ricke Ln, Turn
			Destination or	
			Robert Sheppare	
		s 6355 SE		
•	License Number	JH 10253		lation Decal # 52013
		•		

Application Number:	New Home New Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone II	Double wide Installation Decal # S2013 Triple/Quad □ Serial # 千し261-002-#- B2033 サナタ	20" 22" x 22" 24" X 24" 26" (6 (484)* (576)* (6	psf 4'6" psf 7'6" se 8'6"	15C-1 pier spacing table. RPAD SIZES TOPULAR PAD SI	Pad Size 16 x 16 16 x 18 8.5 x 18 16 x 22.5 17 x 22	List all marriage wall openings greater than 4 foot and their pier pad sizes below.	Opening Pier pad size 4 ft 5 ft FRAME TIES within 2' of end of home spaced at 5' 4" oc	Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Annufacturer Sidewall Longitudinal Shearwall
Mobile Home Permit Worksheet	Installer: Robert Sheppard License # It 1025386 Address of home 250 NW Tomold C	0	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 Associated by the control of the control o	Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)			mituriage wall piers within 2" of end of home per Rule 15C		

Mobile Home Permit Worksheet

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg	<u> </u>	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Doc Doc 22	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 b holding capacity. Installer's initials	TORQUE PROBE TEST The results of the torque probe test is 28 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.	3. Using 500 lb. increments, take the lowest reading and round down to that increment. × 1000 × 1000 × 1000	ET PENETROMETER TESTING MET the perimeter of the home at 6 location the reading at the depth of the footer.	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	
Installer verifies all information given with this permit workshoot		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 Electrical crossovers protected. Yes Other:	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	Type gasket Factory Installed: Pg. 22 Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	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.	Floor: Type Fastener: Logs Length: Spacing: 16 Walls: Type Fastener: Logs Length: Y Spacing: 16 Roof: Type Fastener: Logs Length: Y Spacing: 16 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.	Debris and organic material removed Water drainage: Natural Fastening multi wide units	Application Number:Date:

Page 2 of 2

Installer Signature

Date

5/10/22

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

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

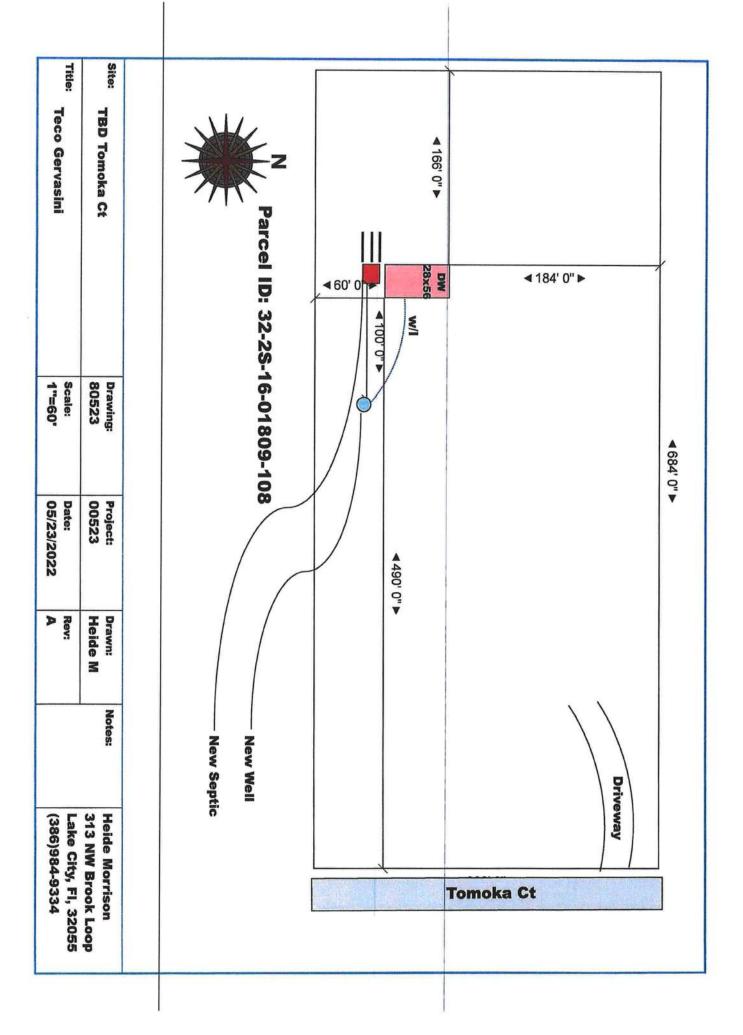
Connect all sewer drains to an existing sewer tap or septic tank. Pg.

b

Plumbing

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CONTRACTOR	PHONE
		THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSU	UANCE OF A PERMIT
records of the Ordinance 89-	subcontra 6, a contra	permit will cover all trades doing work at the permoders who actually did the trade specific work und actor shall require all subcontractors to provide evolute insurance and a valid Certificate of Competence	er the permit. Per Florida Statute 440 and vidence of workers' compensation or
Any changes, start of that su	the permi ubcontrac	tted contractor is responsible for the corrected fo tor beginning any work. Violations will result in s	rm being submitted to this office prior to the top work orders and/or fines.
ELECTRICAL		ne Glen Whillington Signatu	ure <u>Ylen Whitling Fon</u> #: (386) 972-1701
	License #	: E C 13002957 Phone Qualifier Form Attached	#:_(3861912-140]
MECHANICAL/	Print Nar	me Charles O Hamas Signat #: CAC 1817820 Phone	ure Charles Thomas. #: (419)630-2023
		Qualifier Form Attached	
F S 440 103 F	Ruilding n	ermits; identification of minimum premium polic	y - Every employer shall as a condition to
applying for an	d receivin	g a building permit, show proof and certify to the	permit issuer that it has secured
	5:54	ployees under this chapter as provided in ss. 440.1 es for a building permit.	10 and 440.38, and shall be presented each
	,	G F S S S S S S S S S S S S S S S S S S	
Revised 4/27/2	.017		





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

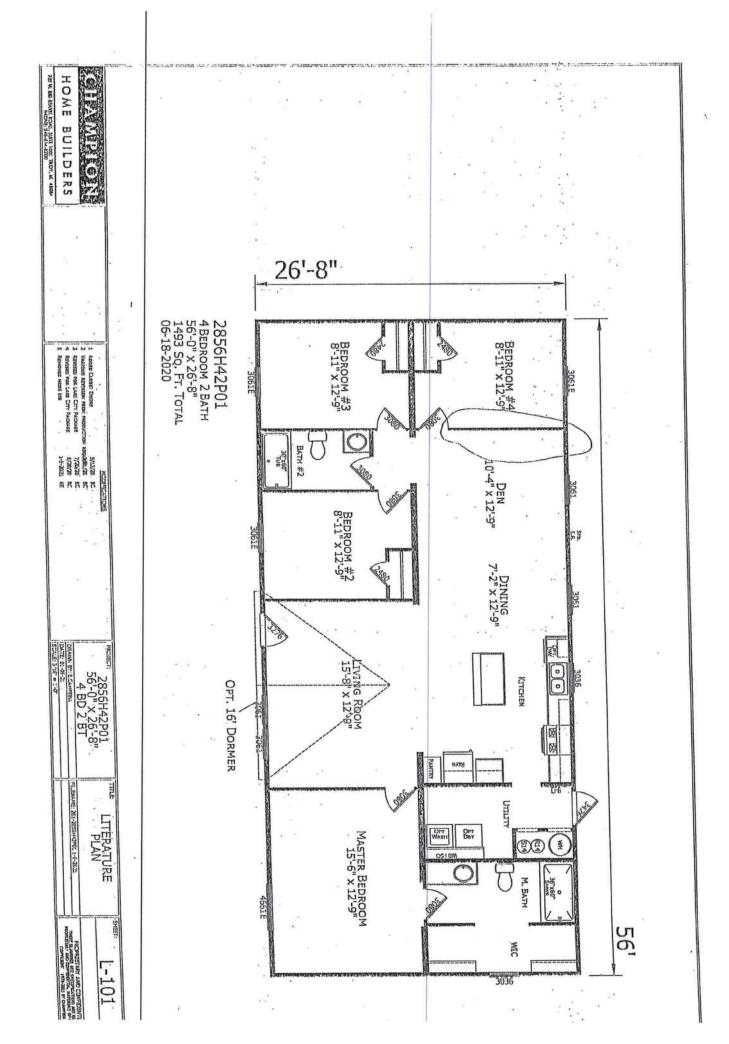
0.	- 01	ſ	211211 01	THE THIOTHE	2111011	
	Sheppa		e this autho	rity for the job	address show	below
Insta	iller License Holder Na	me				
only,	250 Nu	Job Address	CT		_, and I do certif	y that
the below refer	enced person(s)	listed on this form	is/are unde	er my direct s	upervision and	control
and is/are auth	orized to purcha	se permits, call for	inspections	s and sign on	my behalf.	
Printed Name	of Authorized	Signature of Au	thorized	Author	ized Person is.]
Person		Person		(Check		
Heide W	lorason	Sprfon	1500	Ag	gent Off operty Owner	ficer
		(()			gent Off operty Owner	ficer
				Ag	HE HER STREET	icer
					opolity o milor	
I, the license he	older, realize that	t I am responsible	for all perm	its purchased	d, and all work d	<u>one</u>
under my licen	se and I am fully	responsible for co	mpliance w	ith all Florida	Statutes, Codes	s, and
Local Ordinano	es.					
Lunderstand th	at the State Lice	nsing Board has tl	no nouver as	d authority to	s dissiplins s liss	
						ense
1,000 55- 0.000	No. 10 and the last of the las	by him/her or by h				
document and	that I have full re	sponsibility for cor	npliance gr	anted by issu	ance of such pe	rmits.
N	1	A 1				
That	set M	hermast	THI	1025326	5/2	3/20
License Holder	s Signature (Not	arized)	Licens	e Number		-/
NOTARY INFO	RMATION:		a ,			
STATE OF:		COUNTY OF	Color	nloia		
The above lice	nșe holder, whos		Obet :	Shengod		
personally appe	eared before me	and is known by n	ne or has pr	oduced ident	ification	
(type of I.D.)		on th	is <u>2300</u> c	lay of <u>Ua</u>	<u>~</u> , 20 <u>~</u>	12
1	0/2/	/ -				
Op	unda La	T.				
NOTARY'S SIGN	IATURE		3	Sylve Serve States	Rublic State of Florida	3
	OILE		}		Haa Mote immission GG 363938 s 08/08/2023	}

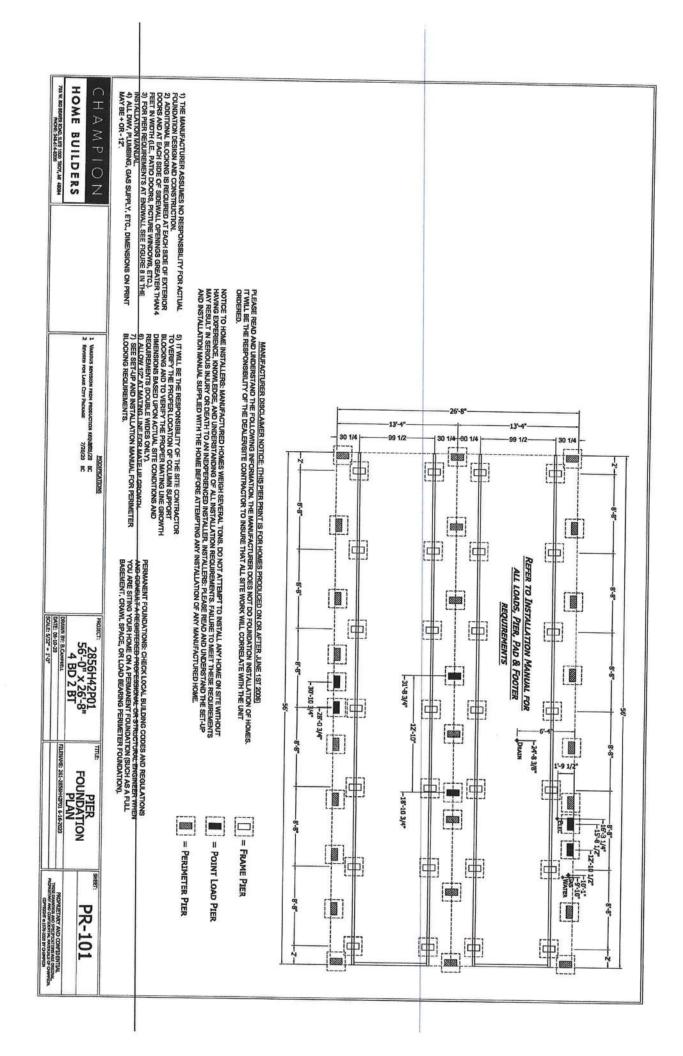


COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

1, <u>1206</u>	Installers Name	give th	nis authority	and I do certify	that the below
referenced per	son(s) listed on t	his form is/are under	my direct su	pervision and o	control and
		ermits, call for inspec			
Printed Name Person	of Authorized	Signature of Author Person	orized	Agents Com	pany Name
Heide 1	loinson	Africans	en .	North Flor	reda Building
I, the license h	older, realize that	t I am responsible for	all permits	ourchased, and	all work done
	BANK 10 10 10	responsible for comp			
Local Ordinano					
I understand th	at the State Lice	nsing Board has the	power and a	uthority to disci	pline a license
an owner or it		by him/her or by his/h		270	
		sponsibility for comp		200 H H	(T)
Rolse License Holder	s Signature (Not	eyeyend arized)	エルルで License N	05 3(C	5/23/22 Date
NOTARY INFO		COUNTY OF:	Columb	a a	
	nse holder, whos eared before me	e name is Role and is known by me on this	or has produ 23 day	Lepad uced identification of May	on , 20_22.
NOTARY'S SIG	an la fot NATURE		(Seal/Stamp)	
				Notary Public State Lamanda Mote My Commission GG Express 08/08/2023	<







Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued:

2/23/2022 3:29:43 PM

Address:

250 NW TOMOKA CT

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

32-2S-16-01809-108

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: 087cbd19-e7d6-436a-bc25-c18d63cfd8dc

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

Address Issued By:

GIS Specialist

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055

Columbia County Property Appraiser

2022 Working Values updated: 5/19/2022

Aerial Viewer

Parcel: << 32-2S-16-01809-108 (5895) >>

Owner & Pr	roperty Ir	fo	Res	ult: 1 of 1
Owner	SCHMU0 12029 29	NI TECO KER SYI TH RD N, FL 320	LVIA	
Site				***************************************
Description*	LOT 8 IND WD 1397-	IAN RIDG 1340, WD	E S/D PHS 1. WI 1454-1904, WD	D 1169-2796, 1466-503,
Area	5.02 AC		S/T/R	32-25-16
Use Code**	VACANT	(0000)	Tax District	3

*The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

**The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office Please contact your city or county Planning & Zoning office for specific zoning information.

Property & A	ssessment Va	lues	
2021 Cert	ified Values	2022 Wor	king Values
Mkt Land	\$33,500	Mkt Land	\$33,500
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$0	XFOB	\$0
Just	\$33,500	Just	\$33,500
Class	\$0	Class	\$0
Appraised	\$33,500	Appraised	\$33,500
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$33,500	Assessed	\$33,500
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$33,500 city:\$0 other:\$0 school:\$33,500	Total Taxable	county:\$33,500 city:\$0 other:\$0 school:\$33,500



▼ Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
5/28/2022	\$60,000	1466/0503	WD	V	Q	01
12/7/2021	\$34,100	14754/1904	WD	V	U	30
10/22/2019	\$24,000	1397/1340	WD	V	U	12
3/20/2009	\$46,000	1169/2796	WD	V	Q	01

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Dida Value
3 3	Documption	_ rour bit	Dase Of	Actual SF	Bldg Value

Extra Feature	s & Out Buildings	(Codes)			
Code	Desc	Year Blt	Value	Units	Dims
		NON	E		-

Lane	d Breakdown				
Code	Desc	Units	Adjustments	Eff Rate	Land Value
0000	VAC RES (NIKT)	1.000 LT (5.020 AC)	1.0000/1.0000 1.0000/ /	\$33,500 /LT	\$33,500

mes M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Deed: 420.00

Inst: 202212009049 Date: 05/09/2022 Time: 9:52AM Page 1 of 2 B: 1466 P: 503, James M Swisher Jr, Clerk of Court Columbia, County, By: VC D
Deputy ClerkDoc Stamp-Deed: 420.00

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s in suples a single-base of t

THE STATE OF THE STATE OF THE SECOND SECOND

This Instrument Prepared by & return to:

Address:

BULLARD MCARDLE, LLC P.O. Box 1733

* SOM.

Lake City, FL 32056

Property Appraisers Parcel ID Numbers(s) 32-2S-16-01809-108

Consideration: 59,995.00

Rec: 18.50 Doc: 420.00

Sufra of s

Space above this line for recording data

Space above this line for processing data

This Warranty Deed, Made and executed the 26 Day of April, 2022, by BULLARD MCARDLE, LLC, a Florida limited liability company, whose mailing address is P.O. Box 1733, Lake City, FL 32056, hereinafter called the grantor, to TECO GERVASINI, a single person, and SYLVIA SCHMUCKER, a single person, whose post office address is 12029 29th Road, Wellborn, FL 32094, hereinafter called the Grantee.

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument, singular and plural., and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in consideration of the sum of \$10.00 (Ten Dollars) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee, all that certain land, situate in COLUMBIA County, State of Florida, viz:

Lot 8 of Indian Ridge Subdivision according to the plat thereof recorded in Plat Book 9, Page 72-79 of the Public Records of Columbia County, Florida subject to utility easements of record and Deed Restrictions recorded in ORB 1162, Page 799 of the Public Records of Columbia County, Florida.

Property ID: 32-2S-16-01809-108

Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with said grantee that it is lawfully seized of said land in fee simple; that it has the good right and lawful authority to sell and convey said land; that it hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2021.

In Witness Whereof, the said Grantor has caused these presents to be executed in its name, by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature
Holly C. Harover
Printed Name

Conne B. Roberts

Printed Name

BULLARD MCARDLE, LLC
Name of Grantor

Chantor Signature
Elizabeth McArdle, Managing Member
Printed Name

P.O. Box 1733, Lake City, FL 32056

Grantor's Post Office Address

STATE OF FLORIDA COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by physical presence this about of Alort, 2022, by Elizabeth McArdle, as Managing Member of BULLARD MCARDLE, LLC, a Florida limited liability company, who has produced as identification or (X) is personally known to me.

[NOTARY SEAL]

HOLLY C. HANOVER
Commission # GG 176466
Expires May 18, 2022
Bonded Thru Troy Fein Insurance 800-385-7019



STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL

	LICATION FOR CONSTRUCTION PERMIT	1 102,100
APPLICATION FOR: V New System Repair	[] Existing System [] H [] Abandonment [] T	olding Tank [] Innovative
APPLICANT: BULLA	RD MCARDLE LLC (IRONWOOD)	
AGENT: ROBERT FOI	D III- NORTH FLORIDA SEPTIC TANK INC	TELEPHONE: 386-755-6372
	741 SE STATE ROAD 100, LAKE CITY FLA 32025	
TO BE COMPLETED I BY A PERSON LICEN APPLICANT'S RESPONDANTED (MM/DD/Y)	Y APPLICANT OR APPLICANT'S AUTHORIZED SED PURSUANT TO 489.105(3)(m) OR 489.5 NSIBILITY TO PROVIDE DOCUMENTATION OF CONSIDERATION OF STATU	52, FLORIDA STATUTES. IT IS THE THE DATE THE LOT WAS CREATED OR TORY GRANDFATHER PROVISIONS.
PROPERTY INFORMA		
LOT: 8 BLO	CK: PH-1 SUBDIVISION: INDIAN RIDGE	PLATTED:
PROPERTY ID #: 3	2-2S-16-01809-108 ZONING:	I/M OR EQUIVALENT: [No 🖸]
PROPERTY SIZE: 5	02 ACRES WATER SUPPLY: [/] PRIVATE	E PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILAB	LE AS PER 381.0065, FS? [No 🔽]	DISTANCE TO SEWER:FT
PROPERTY ADDRESS	TBD NW INDIAN RIDGE, LAKE CITY FLA	
DIRECTIONS TO PR	OPERTY:	
	7	
BUILDING INFORMA	TION [/] RESIDENTIAL	[] COMMERCIAL
Unit Type of No Establishm		mercial/Institutional System Design le 1, Chapter 64E-6, FAC
1 <u>MH</u>	4 1493	
2	· · · · · · · · · · · · · · · · · · ·	
3		
4		
[] Floor/Equi	pment Drains [] Other (Specify)	
SIGNATURE: Z	bo-wade	DATE: 3-24.2022

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Sto ; ·- . 40 200 245 × 56" Aneg TH 492 IAC OS 5.0 ZAC TOMOKA C+ 301 Plen submitted by Rahauft W Mo : Approved County Health Department

ALL CHANGES SHIRT BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Home only or Land &	Home							
Financed By		\vdash	IRONWOOD HOMES OF LAKE CITY LLC			4109 WEST US HWY 90		
8/1/199		1996				Lake City. FL 32055		
Southern Insurançe?		1961			4,000	(386) 754-8844	fax (386) 7	54-0190
GERVASINI			KER SYLVIA			386-628-1271 386		2/9/2022
ADDRESS								- AMERICA CERCON
	RD WELLB	ORN F	L 32094		SUV	VANNEE COUNTY		SALES PERSON
DELIVERY ADDRES	S COURT	AKE	ITY FL 32056		COL	UMBIA COUNTY		MIKE COX
MAKE & MODEL	M COURT L	T	YEAR	BEDROOMS	FLOORSIZE	HITCHSIZE	Τ	
	2856H42P0		2022	4X2	28X56	28X60		
SERIAL NUMBE	200014270		2022	4/12	COLOR	ROPOSED DELIVERY D	ATE	KEY NUMBERS
	H-B203344A	В.	✓ NE	W USED		107 0023 32372112		
LOCATION	R-VALUE		THICKNESS	TYPE OF INSULATION		BASE PRICE O	FUNIT	\$96,000.00
CEILING			1	*		OPTIONAL EQUIPMENT (Taxable)		\$24,000.00
EXTERIOR				4		Other (taxable)		
FLOORS						III III	SUB-TOTAL	\$120,000.00
This insulation Init	ormation was furn	shed by t	he manufacturer and	is disclosed		SALES TAX	6%	\$7,200.00
*						If Base Price<5,000	1%	\$0.00
in compliance with the Federal trade Commis			sion Rule 16CFR, Ś	ac. 460.16.		County Surtax (Sales price	over \$5,000)	\$50.00
						Tag & Title Fees		
						Non-taxable items		\$12,500,00
						LAND PURCHASE		
						Points		
						Security Interest	d bolomo	\$0.00
						1.CASH PURCHAS	1. 4.44	\$139,750.00
						TRADE IN ALLOWANCE	\$ 0.00	
						LESS BAL DUE ON ABOVE	\$ 0.00	
						NET ALLOWANCE		
100						CASH DOWN PAYMENT	\$ 0.00	
						PRE PAIDS		s 29,000.00
						2. LESS TOTAL C		Name and Address of the Owner, where the Owner, which the
					SUB-TOTAL \$		\$0.00	
		SALES TAX(not included above) 3, UNPAID BAL OF CASH SALE PRICE		[인원][[변화]] [[1]	\$\$110,750.00			
PERSONAL PROPERTY AS						REMARKS:		
							AGREEMENTS WILL BE HONORED.	
						Initial:	15 WILL DE NO	WORLD.
40.00						nopa		
						Connect water & sewer wit	hin 20 ft. to existi	ng facilities
						Customer responsible for a	my gas or electric	al hookups
	NOTE: WARR	ANTY, EXCL	USIONS AND LIMITATIONS	OF DAMAGES ON THE REVERSE SIDE.		Wheels & Axiles deleted from	om sale price of t	nome. Will lend for
DESCRIPTION OF	THADE-IN		T 7	SAR-	SIZE	a local move		
MAKE				opei.	BEDROOMS	Customer responsible for r		e after intial setup.
TITLE NO.			1	KAL	COLOR	Cannot be responsible for		
AMOUNT OWING	TO WHOM		,	0.		PRICE INCLUDES SET-UP A/C ST	TEPS AND STANDAR	D WHITE SKIRTING
ANY DEBTBUYER	OWES ON THE TR	ADE-IN IS	TO BE PAID BY THE	DEALER	BUYER			
CONTAINED IN TH	HIS CONTRACT. De s purchasing the abo	aler and Ru	wer certify that the addi-	EEN DEALER AND BUYER AND OTI- tional terms and conditions printed on home or vehicle: the optional equipment	the other side of this co	ntract are agreed to as a part of this a insurance as described has been volu	greement, the same as ntary: rhat Buyer's trad	s if printed above the
		R HAS RE	AD A UNDERSTAND	S THE BACK OF THIS AGREEMEN	T	DQ TEXT		
						SIGNED X		BUYER
					DEALER	SOCIAL SECURITY NO.	-689-03-408	4
Not Valid L	Intess Signed and A	cepted by	en Officer of the Compa	ny or an Authorized Agent	Œ.	SIGNEDX		BUYER
Ву			APPROV	EO .	i e	SOCIAL SECURITY NO.	287-45-490	