

DATE 05/20/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023175

APPLICANT STAN DEESE PHONE 755-5679
ADDRESS 234 SE JAMES AVE LAKE CITY FL 32025
OWNER JOHN LEHMANN PHONE 758-8061
ADDRESS 19126 SW SR 47 FT. WHITE FL 32038
CONTRACTOR JOHN LEHMANN PHONE 758-8061
LOCATION OF PROPERTY 47S, PAST 27, 4 MILES ON RIGHT

TYPE DEVELOPMENT SFD ESTIMATED COST OF CONSTRUCTION 58800.00
HEATED FLOOR AREA 1176.00 TOTAL AREA 2112.00 HEIGHT .00 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 5/12 FLOOR SLAB
LAND USE & ZONING FW MAX. HEIGHT 18
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 0 FLOOD ZONE FW DEVELOPMENT PERMIT NO.

PARCEL ID 04-7S-16-04128-003 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 6.20

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 05-0527-N FW Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE, ONE FOOT ABOVE THE ROAD
WILL REMOVE MH UPON COMPLETION OF HOUSE BEFORE CO

Check # or Cash 430

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 295.00 CERTIFICATION FEE \$ 10.56 SURCHARGE FEE \$ 10.56
MISC. FEES \$.00 ZONING CERT. FEE \$ FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 316.12

INSPECTORS OFFICE CLERKS OFFICE

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Town of Fort White

Post Office Box 129 ♦ Fort White, Florida 32038-0129 ♦ 386-497-2321 ♦ FAX 386-497-4946

CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort
White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

OWNER'S NAME: John Lehmann

ADDRESS: 19126 S.W. SR 47, Fort White, FL 32038


PROPERTY DESCRIPTION: 04-7S-16-04128-003
(parcel number if possible)

DEVELOPMENT: 1/2 + (24339 SQ FT.)

You are hereby authorized to issue the appropriate building permits.

April 18, 2005

DATE


LAND DEVELOPMENT REGULATION
ADMINISTRATOR
TOWN OF FORT WHITE

Equal Opportunity Employer

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0504-87 Date Received 4/28/05 By GS Permit # 23175
Application Approved by - Zoning Official _____ Date 4/28/05 Plans Examiner OK JTH Date 5-6-05
Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
Comments _____

Applicants Name JOHN A. LEHMANN Phone 386 758-8061
Address 465 SE ROSEWOOD CIR.
Owners Name SAME Phone _____
911 Address 19126 SW SR 47 Ft. White, FL 32038
Contractors Name JOHN A. LEHMANN Phone _____
Address SAME
Fee Simple Owner Name & Address SAME
Bonding Co. Name & Address N/A
Architect/Engineer Name & Address Mark Disosway P.E., POB 868, Lake City, Fla 32056
Mortgage Lenders Name & Address NONE
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
Property ID Number 04-75-16-04128-003 Estimated Cost of Construction 35000
Subdivision Name None - N/A Lot N/A Block N/A Unit N/A Phase N/A
Driving Directions 4/10 mile S. of HWY 27, on SR 47 (West side) in Town of Ft. White.
475, past 27, 4 miles on right,
Type of Construction SINGLE FAMILY DWELLING Number of Existing Dwellings on Property 1
Total Acreage 6.2 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 48' Side 154' Side 52' Rear 20'
Total Building Height 18 1/2' Number of Stories 1 Heated Floor Area 1344 Roof Pitch 5-12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

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

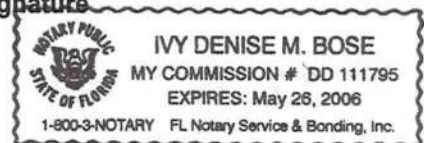
John A. Lehmann
Owner Builder or Agent (Including Contractor)

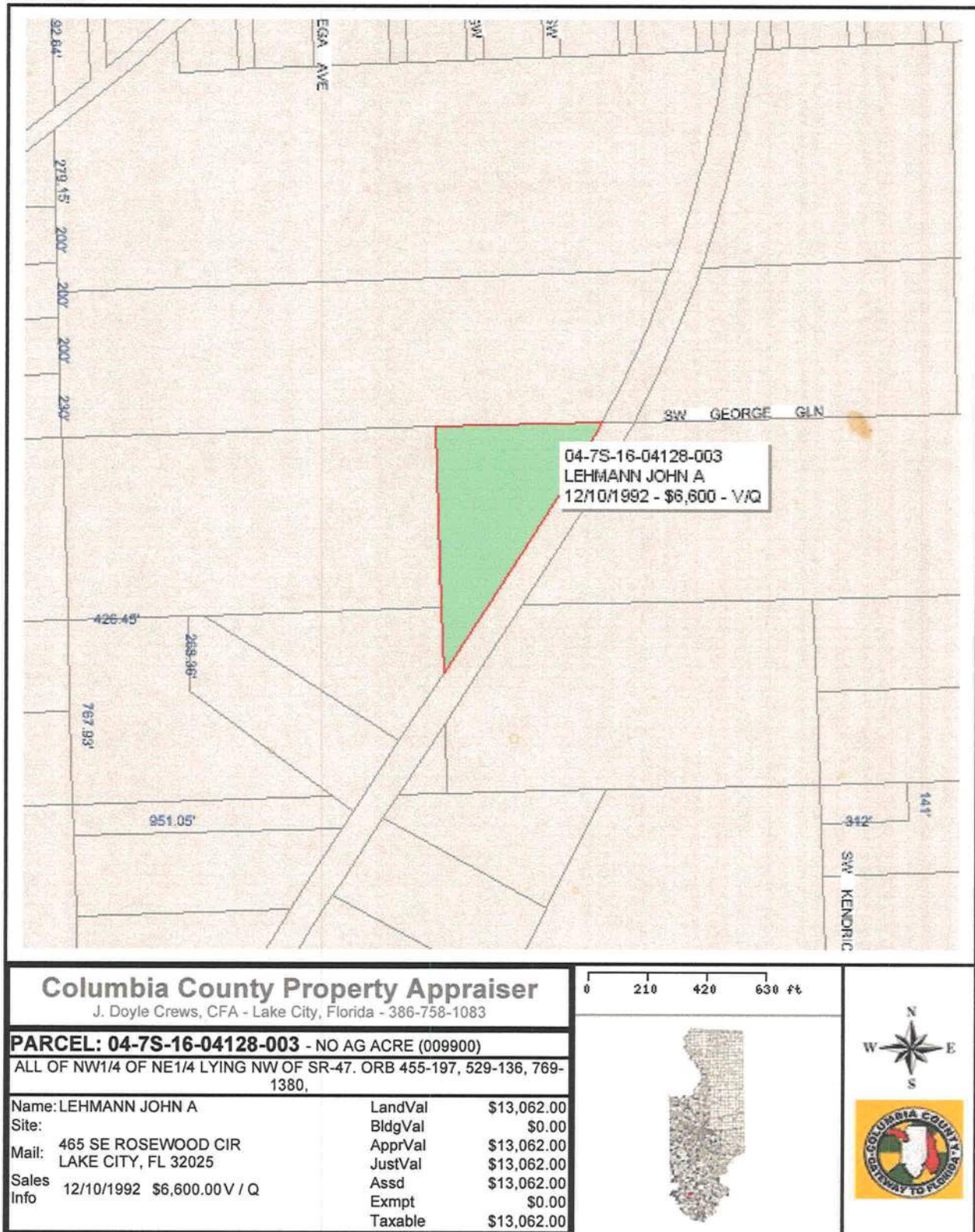
STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 26 day of April 2005.
Personally known ✓ or Produced Identification _____

Contractor Signature
Contractors License Number _____
Competency Card Number _____
NOTARY/STAMP/SEAL

Ivy Denise M. Bose
Notary Signature





NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

*** THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION. ***

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 04-75-16-04128-003

1. Description of property: (legal description of the property and street address or 911 address)

Legal: All of NW 1/4 of NE 1/4 Lying NW of SR-47,
ORB 455-197, 529-136, 469-1380

19126 SW SR 47

Ft. White, FL 32038

2. General description of improvement: New Home

3. Owner Name & Address John A Lehmann 465 S.E. Rosewood cir.,
Lake City, Fla. 32025 Interest in Property Owner

4. Name & Address of Fee Simple Owner (if other than owner): N/A

5. Contractor Name N/A

Address _____

6. Surety Holders Name N/A

Inst: 2005010629 Date: 05/06/2005 Time: 08:31

Address _____

mk DC, P. DeWitt Cason, Columbia County B: 1045 P: 885

Amount of Bond _____

7. Lender Name N/A

Phone Number _____

Address _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name N/A

Phone Number _____

Address _____

9. In addition to himself/herself the owner designates N/A of _____

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -

(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

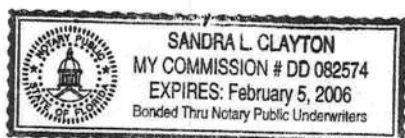
NOTICE AS PER CHAPTER 713, Florida Statutes:

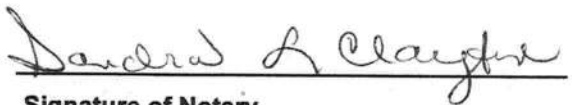
The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.


Signature of Owner

Sworn to (or affirmed) and subscribed before
day of may, 2005

NOTARY STAMP/SEAL




Signature of Notary

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

PROJECT NAME: AND ADDRESS:	0504-87 John Lehmann	BUILDER: OWNER: Builder	PERMITTING OFFICE:	CLIMATE ZONE: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
OWNER:	John Lehmann	PERMIT NO.:	23175	JURISDICTION NO.:	221000

GENERAL DIRECTIONS

1. New construction including additions which incorporates any of the following features cannot comply using this method: steel stud walls, single assembly roof/ceiling construction, or skylights or other non-vertical roof glass.
2. Choose one of the component packages "A" through "E" from Table 6B-1 by which you intend to comply with the Code. Circle the column of the package you have chosen.
3. Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
4. Complete page 1 based on the "To Be Installed" column information.
5. Read "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your intent to comply with all applicable items.
6. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

Please Print

CK

1. Compliance package chosen (A-F)
2. New construction or addition
3. Single family detached or Multifamily attached
4. If Multifamily—No. of units covered by this submission
5. Is this a worst case? (yes / no)
6. Conditioned floor area (sq. ft.)
7. Predominant eave overhang (ft.)
8. Glass type and area :
 - a. Clear glass
 - b. Tint, film or solar screen
9. Percentage of glass to floor area
10. Floor type, area or perimeter, and insulation:
 - a. Slab on grade (R-value)
 - b. Wood, raised (R-value)
 - c. Wood, common (R-value)
 - d. Concrete, raised (R-value)
 - e. Concrete, common (R-value)
11. Wall type, area and insulation:
 - a. Exterior: 1. Masonry (Insulation R-value)
2. Wood frame (Insulation R-value)
 - b. Adjacent: 1. Masonry (Insulation R-value)
2. Wood frame (Insulation R-value)
12. Ceiling type, area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
13. Air Distribution System: Duct insulation, location
Test report (attach if required)
14. Cooling system
(Types: central, room unit, package terminal A.C., gas, none)
15. Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
16. Hot water system:
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none)

1.	B	
2.	New Construction	
3.	N/A	
4.	N/A	
5.	No	
6.	1,344	
7.	2.0'	
	Single Pane	Double Pane
8a.	N/A sq. ft.	148 sq. ft.
8b.	N/A sq. ft.	N/A sq. ft.
9.	9 %	
10a.	R= 0	200 lin. ft.
10b.	R= N/A	sq. ft.
10c.	R= N/A	sq. ft.
10d.	R= N/A	sq. ft.
10e.	R= N/A	sq. ft.
11a-1	R= 50	1,216 sq. ft.
11a-2	R= N/A	sq. ft.
11b-1	R= N/A	sq. ft.
11b-2	R= 13	1,344 sq. ft.
12a.	R= 30	2280 sq. ft.
12b.	R= N/A	sq. ft.
13.	R= 6	
14a.	Type: Central	
14b.	SEER/EER: 11	
14c.	Capacity: 2 Ton	
15a.	Type: Heat Pump	
15b.	HSPF/COP/AFUE:	
15c.	Capacity: 2 ton	
16a.	Type: Electric Whirlpool	
16b.	EF: 30 Gal. .93	

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.

PREPARED BY:

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER AGENT:

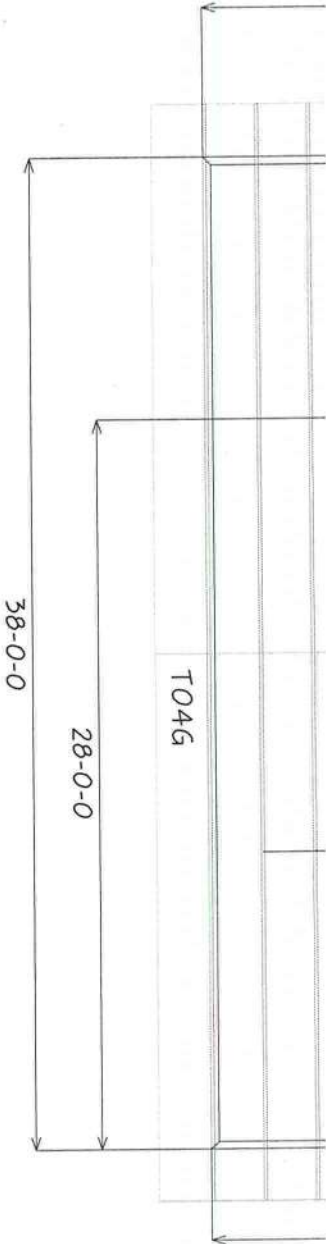
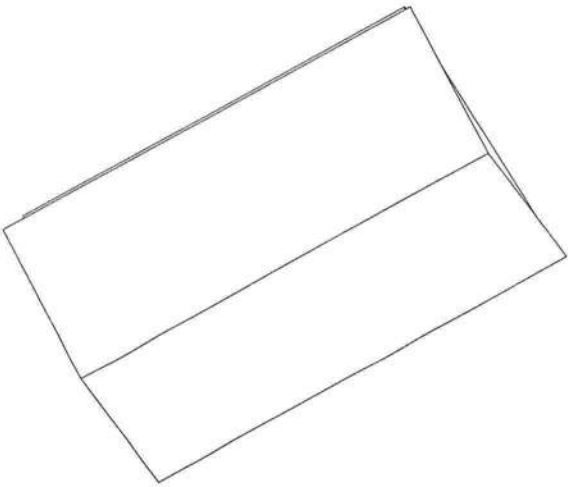
DATE:

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL:

DATE:

DATE: 3/17/05		JOB #:	
DEAN BY: TJR		SCALE: NTS	
MODEL: CUSTOM		REVISION:	
LEGAL ADDRESS: LAKE CITY FL			
BUILDER: BENZ-DEESE RES.			
PHONE: 407-322-0099 FAX: 407-322-5553			
Sanford			
PHONE: 904-755-6894 FAX: 904-755-7973			
Lake City			
PHONE: 904-772-6100 FAX: 904-772-1973			
Jacksonville			
PHONE: 904-437-3349 FAX: 904-437-3994			
Dunnell			
FirstSource Builders			
Approved by: _____ Date: _____			
Requested Delivery Date: _____			
THIS LAYOUT IS THE SOLE SOURCE FOR FABRICATION OF TRUSSES AND JOISTS ALL PREVIOUS ARCHITECTURAL OR OTHER TRUSS LAYOUTS, REVIEW AND APPROVAL OF THIS LAYOUT MUST BE RECEIVED BEFORE ANY TRUSSES WILL BE BUILT. VERIFY ALL CONDITIONS TO INSURE AGAINST CHANGES THAT WILL RESULT IN EXTRA CHARGES TO YOU.			
SHOP DRAWING APPROVAL			
1) REFER TO HIB 91 (RECOMMENDATIONS FOR HANDLING INSTALLATION AND TEMPORARY BRACING) REFER TO ENGINEERED DRAWINGS FOR PERMANENT BRACING REQUIRED.			
2) ALL TRUSSES (INCLUDING TRUSSES UNDER VALLEY FRAMING) MUST BE COMPLETELY DECKED OR REFER TO DETAIL V05 FOR ALTERNATE BRACING REQUIREMENTS.			
3) ALL VALLEYS ARE TO BE CONVENTIONALLY FRAMED BY BUILDER.			
4) ALL TRUSSES ARE DESIGNED FOR 2' o.c. MAXIMUM SPACING, UNLESS OTHERWISE NOTED.			
5) ALL WALLS SHOWN ON PLACEMENT PLAN ARE CONSIDERED TO BE LOAD BEARING, UNLESS OTHERWISE NOTED.			
6) 5x42 TRUSSES MUST BE INSTALLED WITH THE TOP BEING UP.			
7) ALL ROOF TRUSS HANGERS TO BE SIMPSON HUS26 UNLESS OTHERWISE NOTED. ALL FLOOR TRUSS HANGERS TO BE SIMPSON TH4422 UNLESS OTHERWISE NOTED.			
8) BEAM/HEAVY DUTY INTER. (HDR) TO BE FURNISHED BY BUILDER.			
NOTES:			
5/12 PITCH			
2'-0" O/H			
8'-0"			
BEARING HEIGHT SCHEDULE			



5'-12
S
S

To Whom It May Concern:

Stan Deese has my permission to pick up my building permit for me.



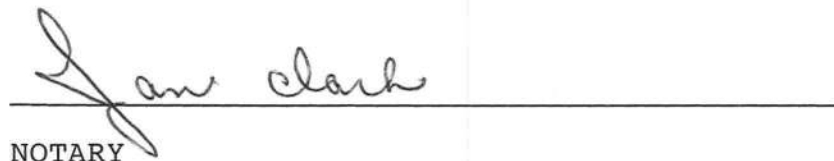
John A. Lehmann
465 SE Rosewood Cir.
Lake City, FL 32025

234 SE JAMES
L.C. 32025

Before me this 17th of may, 2005

personally appeared JOHN A LEHMANN

Personally known ✓ Identification _____


NOTARY



JAN CLARK
MY COMMISSION # DD 181635
EXPIRES: March 28, 2007
Bonded Thru Budget Notary Services

JAN CLARK

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).


State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling
☐ Farm Outbuilding
☐ New Construction
- ☐ Two-Family Residence
☐ Other _____
☐ Addition, Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

I JOHN A. LEHMANN, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____


Signature

Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date _____ Building Official/Representative _____

COLUMBIA COUNTY FLORIDA DEPARTMENT OF BUILDING AND ZONING OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 04-7S-16-04128-003

Building permit No. 000023175

Use Classification SFD, UTILITY

Fire: 0.00

Permit Holder JOHN LEHMANN

Waste: 0.00

Owner of Building JOHN LEHMANN

Total: 0.00

Location: 19126 SW SR 47

Date: 03/14/2007



Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



Cal-Tech Testing, Inc.

- Engineering
- Geotechnical
- Environmental

LABORATORIES

P.O. Box 1625 • Lake City, FL 32056-1625
6919 Distribution Avenue S., Unit #5 • Jacksonville, FL 32257

Tel. (386) 755-3633 • Fax (386) 752-5456
Tel. (904) 262-4046 • Fax (904) 262-4047

#23175

JOB NO.: 05-317
DATE TESTED: 07/08/05
DATE REPORTED: 07/11/05

REPORT OF IN-PLACE DENSITY TEST

PROJECT:	Lehman Residence, Fort White, Florida
CLIENT:	Stan Dee's Construction
GENERAL CONTRACTOR:	Stan Dee's Construction
EARTHWORK CONTRACTOR:	Stan Dee's Construction
INSPECTOR:	C. Allen
ASTM METHOD	SOIL USE
(D-2922) Nuclear	BUILDING FILL
SPECIFICATION REQUIREMENTS: 95%	

TEST NO.	TEST LOCATION	TEST DEPTH	WET DENSITY (lb/ft ³)	MOISTURE PERCENT	DRY DENSITY (lb/ft ³)	PROCTOR TEST NO.	PROCTOR VALUE	% MAXIMUM DENSITY
1	15' NW from SE of Pad	0-12"	113.8	4.2	109.2	PIT	110.6	98.7%
2	20' SE from NW of Pad	0-12"	115.1	4.6	110.0	PIT	110.6	99.5%
3	Center Most Point of Pad	0-12"	113.3	4.3	108.6	PIT	110.6	98.2%

REMARKS: The Above Tests Meet Specification Requirements.

PROCTORS				
PROCTOR NO.	SOIL DESCRIPTION	MAXIMUM DRY UNIT WEIGHT (lb/ft ³)	OPT. MOIST.	TYPE
PIT	Boones Pit	110.6	10.8	MODIFIED (ASTM D-1557)

Respectfully Submitted,
CAL-TECH TESTING, INC.

Reviewed By:

Linda M. Creamer

President - CEO

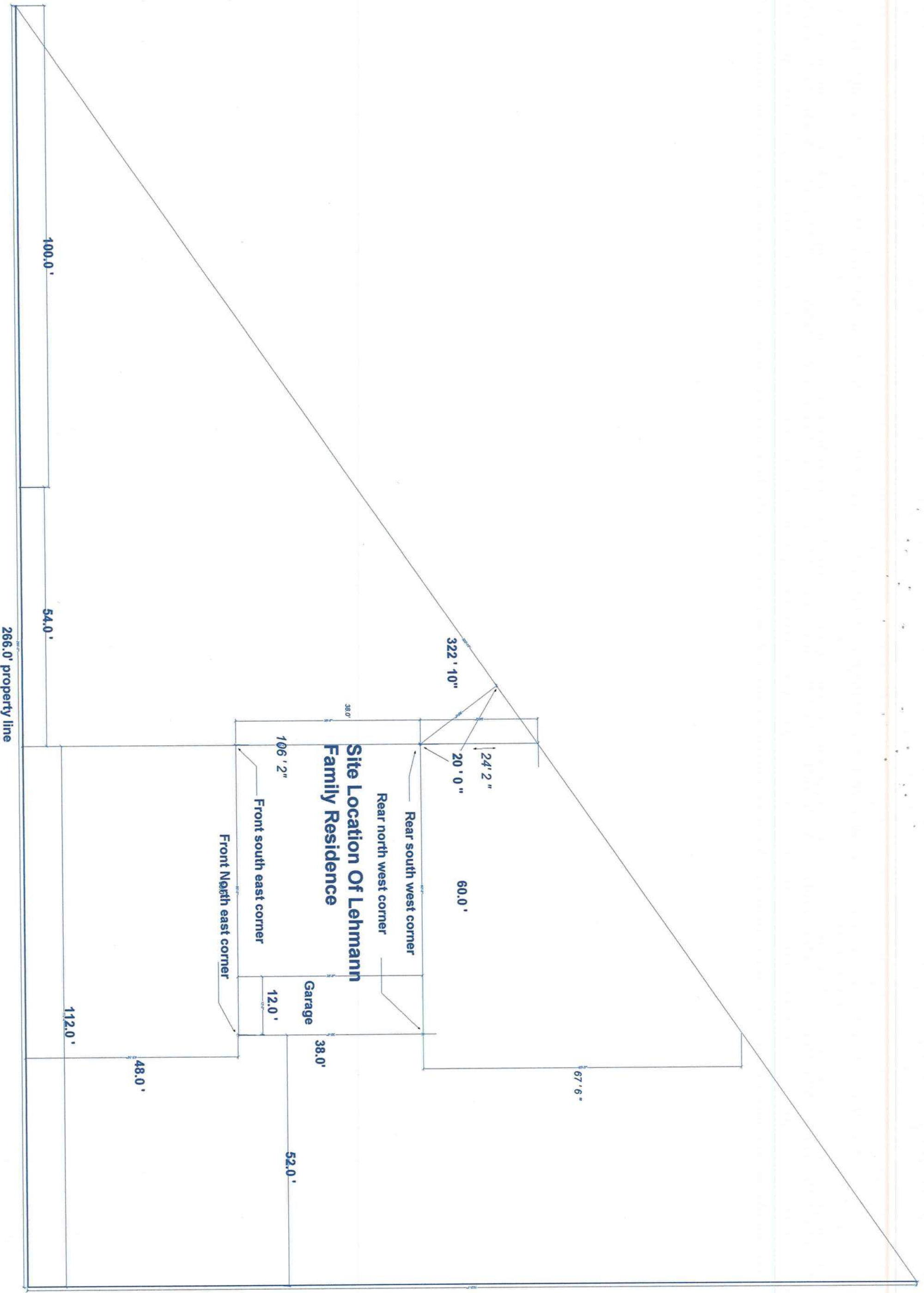
ta

Date: 7/12/05

Florida Registration No: 52612

The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted methods and standards. Since material conditions can vary between test locations and change with time, sound judgement should be exercised with regard to the use and interpretation of the data.

"Excellence in Engineering & Geoscience"



Notice of Treatment

12382

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: BAYVIEW

City: LAKE CITY

Phone: 750-1703

Site Location: Subdivision _____

Lot # _____ Block# _____ Permit # _____

Address: 19126 SW SR 47

Product used

Active Ingredient

% Concentration

- | | | |
|--|----------------------------------|-------|
| <input type="checkbox"/> Premise | Imidacloprid | 0.1% |
| <input checked="" type="checkbox"/> Termidor | Fipronil | 0.12% |
| <input type="checkbox"/> Bora-Care | Disodium Octaborate Tetrahydrate | 23.0% |

Type treatment:

☒ Soil

☐ Wood

Area Treated

Square feet

Linear feet

Gallons Applied

<u>Drilling</u>	<u>280</u>	<u>196</u>	<u>80</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line SDP.

3/15/07

Date

1300

Time

James D. Barker

Print Technician's Name

F254 "GUNNY"

Remarks: _____

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05

