

DATE 05/02/2006

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000024456

APPLICANT STEVE BAUMGARDNER PHONE 386.752.9852

ADDRESS 120 SE VICKERS TERRACE LAKE CITY FL 32025

OWNER STEVE & SHARON BAUMGARDNER PHONE 386.752.9852

ADDRESS 247 NW MICHELLE PLACE LAKE CITY FL 32055

CONTRACTOR PAUL E.ALBRIGHT PHONE 386.755.5399

LOCATION OF PROPERTY 41-N TO MICHELLE PL,TL TO 1ST M/H ON R. (NAME ON MAILBOX-READS HOSLI).

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING CHI MAX. HEIGHT

Minimum Set Back Requirments: STREET-FRONT 20 REAR 15' SIDE

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 02-3S-16-01946-011 SUBDIVISION

LOT BLOCK PHASE UNIT TOTAL ACRES 1.40

IH0000333

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 06-0330-E BLK JTH Y

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: SECTION 2.3.3. REPLACING EXISTING M/H. 1 UNIT CHARGED FOR ASSESSMENTS. PRE M/H OKAY (FDP)

Check # or Cash 176

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 \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 275.00

INSPECTORS OFFICE CLERKS OFFICE CN

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 INCONVIENCE, 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 6-23-05)

Zoning Official BLK 180406

Building Official OK JTH 4-15-06

AP# 02-35

Date Received 4/14

By JW

Permit # 24456

Flood Zone X

Development Permit N/A

Zoning CH1

Land Use Plan Map Category Highway Subdivide

Comments

- PRE-MH-NEEDED WHEN MOVED IN COUNTY
Section 2.3.3 Replacing Existing MH

FEMA Map#

Elevation

Finished Floor

River

In Floodway

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☒ Well letter ☒ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

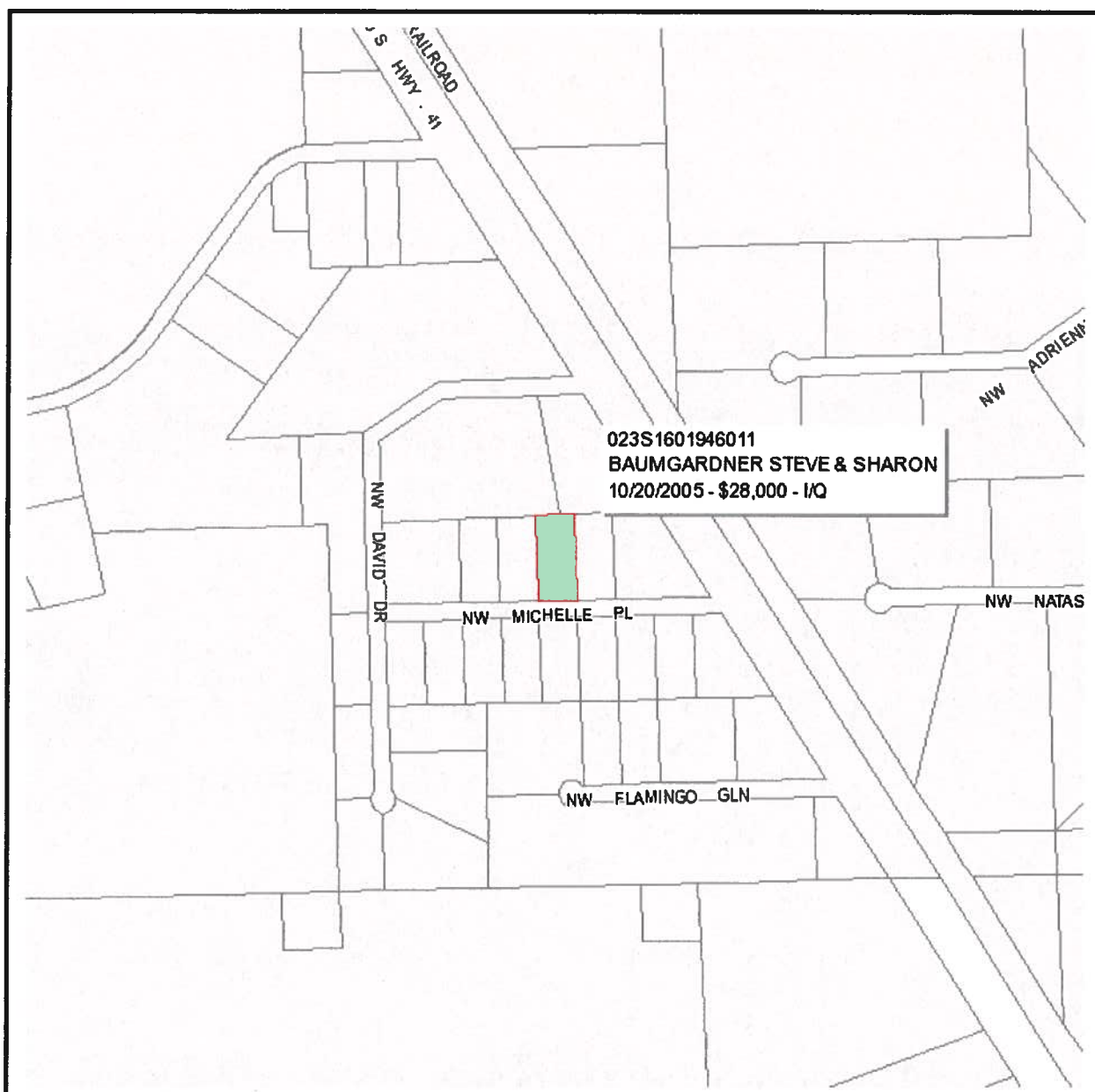
SHARON 755-2921

work. 758-0555 ext 8020

- Property ID # 02-35-16-01946-011 Must have a copy of the property deed
- New Mobile Home Used Mobile Home Liberty Year 1991
- Applicant Steve Baumgardner Phone # 386-752-9852
- Address 1205E VICKERS TER Lake city FLA 32028
- Name of Property Owner Steve Baumgardner Phone # 386-752-9852
- 911 Address 247 NW michelle Place lake city FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Steve Baumgardner Phone # (386) 752-9852
Address _____
- Relationship to Property Owner OWNER
- Current Number of Dwellings on Property 1
- Lot Size 1.040 ACRES Total Acreage 1.040 ACRES
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Walver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Replacing
- Driving Directions to the Property NORTH on 41 TO FIRST PAVED ROAD
(MICHELLE PLACE) NORTH OF I-10 TURN LEFT TO FIRST TRAILER
ON THE RIGHT NAME ON MAILBOX SAYS Hosli
- Name of Licensed Dealer/Installer Paul E Albright Phone # (386) 755-5399
- Installers Address 199 SW Thomas Ter Lake city FLA 32024
- License Number TH-0000-333 Installation Decal # 264344

JW LEFT MESSAGE 4.20.06

275.00



Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 02-3S-16-01946-011 - MOBILE HOM (000200)

COMM SE COR OF SEC, RUN W 617.23 FT TO W R/W OF RD, NW ALONG R/W
1223.01 FT, W 504.34

Name: BAUMGARDNER STEVE & SHARON

Site: MICHELLE

120 SE VICKERS TERR

Mail: LAKE CITY, FL 32025

Sales 10/20/2005 \$28,000.00 I / Q

Info 7/5/2000 \$16,000.00 I / Q

2/1/1986 \$3,000.00V / Q

LandVal \$16,560.00

BldgVal \$8,314.00

ApprVal \$24,874.00

JustVal \$24,874.00

Assd \$24,874.00

Exmpt \$0.00

Taxable \$24,874.00

0 250 500 750 ft



This information, GIS Map Updated: 4/6/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

PERMIT NUMBER

Installer

License #

Address of home being installed

Manufacturer

Length x width

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

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 # 264544

Triple/Quad ☐ Serial # 10122035

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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)
1600 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17 1/2" x 22"

Perimeter pier pad size 16" x 16"

Other pier pad sizes (required by the mfg.) N/A

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 Pier pad size

ANCHORS

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

FRAME TIES

OTHER TIES

Number

Longitudinal Stabilizing Device (LSD) NOT
Manufacturer OTI
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OTI

Sidewall Longitudinal Marriage Wall Shearwall

Typical pier spacing 2'

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

Marriage wall piers within 2' of end of home per Rule 15C

POCKET PENETROMETER TEST

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

X 285 X 285 X 285

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 285 X 285 X 285

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 4 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

Electrical

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

Plumbing

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

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

Site Preparation

Debris and organic material removed _____
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing: 18
Walls: Type Fastener: Length: Spacing: 18
Roof: Type Fastener: Length: Spacing: 18
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 Pg. _____

Installed: Between Floors Yes 18
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
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
Electrical crossovers protected. Yes
Other :

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and/or Rule 15C-1 & 2

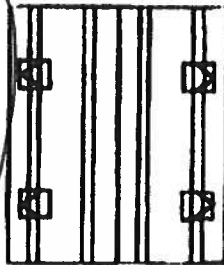
Installer Signature _____ Date _____

REQUIRED NUMBER AND LOCATION OF MODEL 1101 L "V" BRACES FOR UP TO 4/12 ROOF PITCH

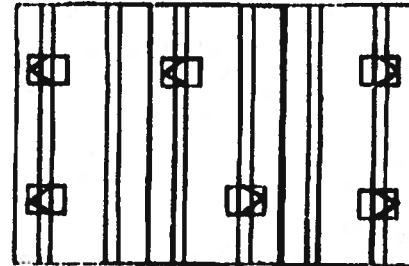
ALL WIDTHS; AND LENGTHS UP TO 80'



SINGLE WIDES



DOUBLE WIDES

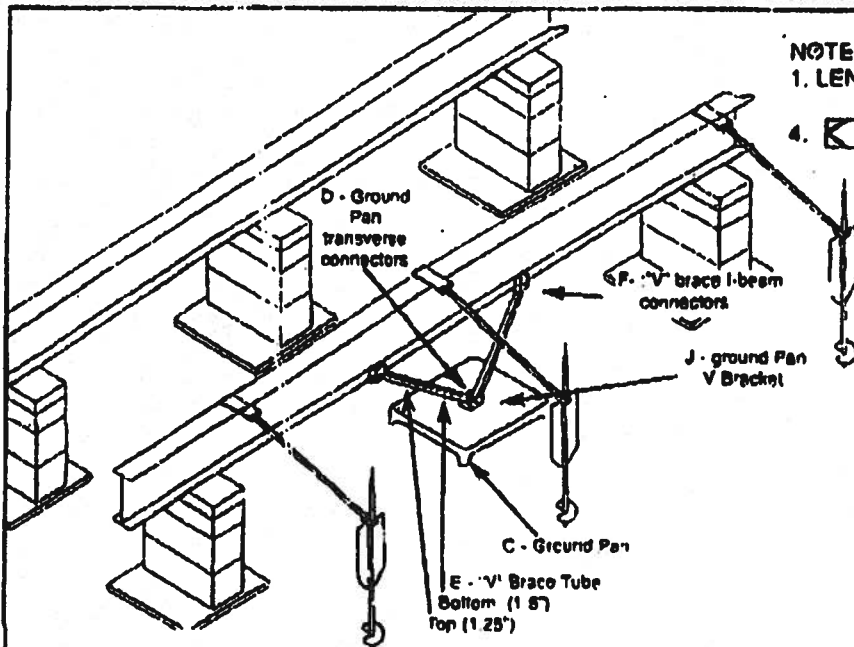


TRIPLE WIDES

NOTES:

1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE

4.  = LOCATION OF MODEL 1101-L "V" (LONGITUDINAL BRACING ONLY).



- C - GROUND PAN
- D - GROUND PAN CONNECTOR U BRACKETS
- E - TELESCOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOT. TON TUBE AND 1.25 TUBE INSERT
- F - "V" BRACE I-BEAM CONNECTORS ASSEMBLY
- J - V PAN BRACKET

PATENT PENDING

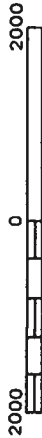
REVISED INSTRUCTIONS 3/05/03

MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 931-796-4555
Fax: 931-796-8811
www.olivertechtechnologies.com



APPROXIMATE SCALE IN FEET



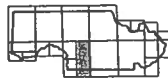
NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 125 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0125 B

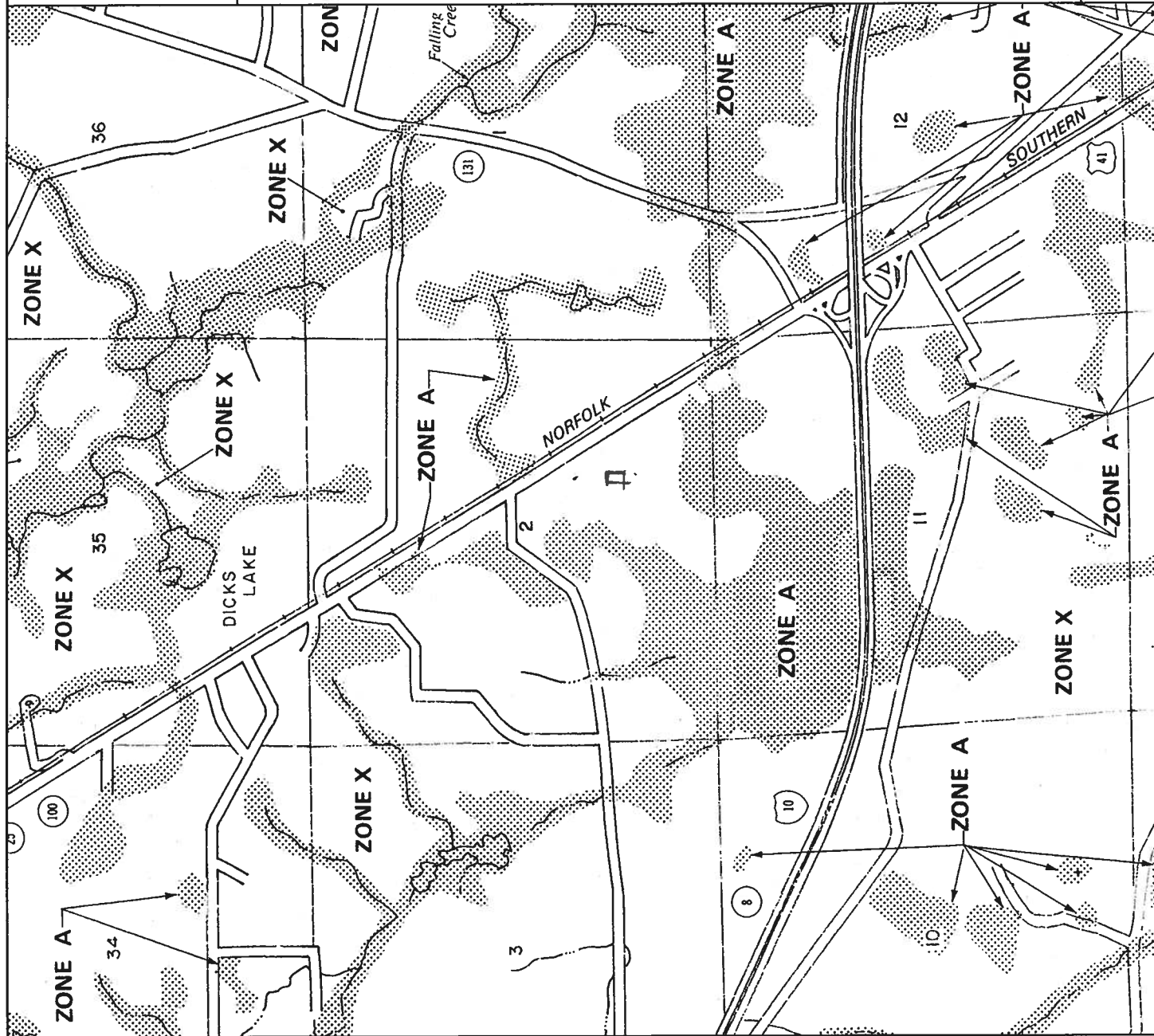
EFFECTIVE DATE:

JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mit/td



Columbia County Property Appraiser

DB Last Updated: 3/7/2006

2006 Proposed Values

* Parcel: 02-3S-16-01946-011

Owner & Property Info

<< Prev Search Result: 3 of 3

Owner's Name	BAUMGARDNER STEVE & SHARON
Site Address	MICHELLE
Mailing Address	120 SE VICKERS TERR LAKE CITY, FL 32025
Brief Legal	COMM SE COR OF SEC, RUN W 617.23 FT TO W R/W OF RD, NW ALONG R/W 1223.01 FT, W 504.34

Use Desc. (code)	MOBILE HOM (000200)
Neighborhood	2316.02
Tax District	3
UD Codes	MKTA06
Market Area	06
Total Land Area	1.040 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (2)	\$14,480.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$8,314.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$22,794.00

Just Value	\$22,794.00
Class Value	\$0.00
Assessed Value	\$22,794.00
Exempt Value	\$0.00
Total Taxable Value	\$22,794.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
10/20/2005	1064/466	WD	I	Q		\$28,000.00
7/5/2000	905/1356	WD	I	Q		\$16,000.00
2/1/1986	528/454	WD	V	Q		\$3,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1972	Alum Siding (26)	720	720	\$8,314.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						



STATE OF FLORIDA
DEPARTMENT OF HEALTH

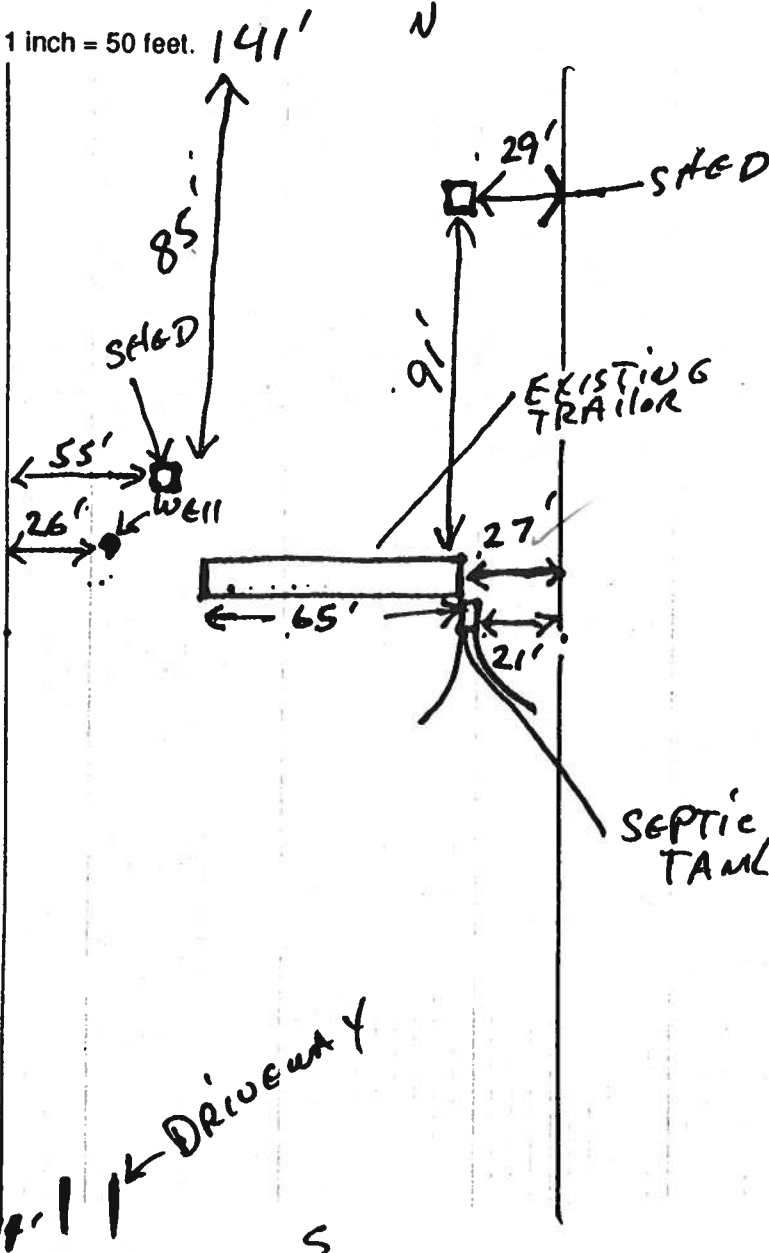
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

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

1.04 ACRES



Notes:

EXISTING TRAILOR TO BE REMOVED

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



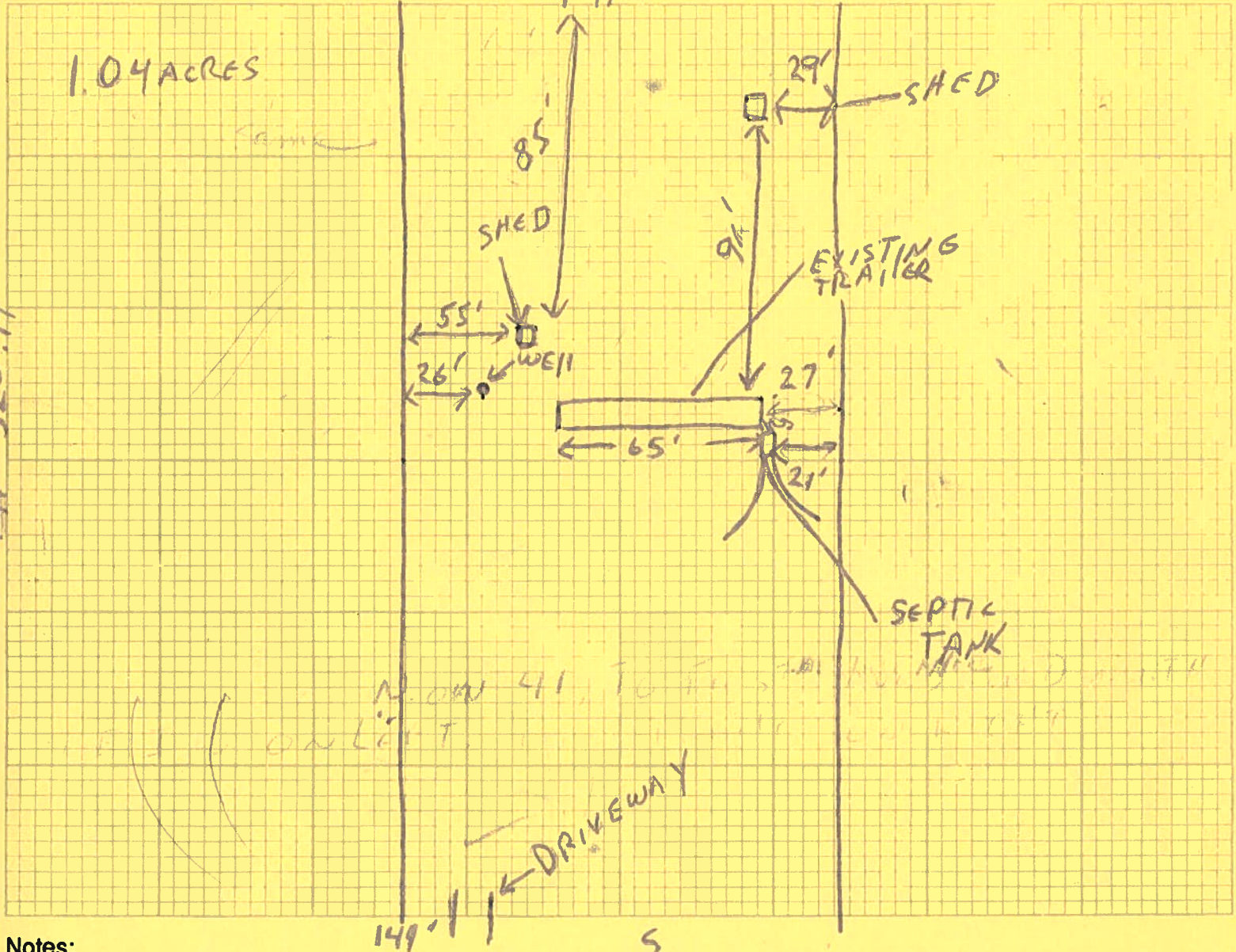
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0330-E

PART II - SITE PLAN

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



Notes:

EXISTING TRAILER TO BE REMOVED

Site Plan submitted by: St. Ryan

Signature

Title

Plan Approved St. Ryan

Not Approved _____

Date 4/14/06

By St. Ryan Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Columbia County
OWNERS NAME Steven Baumgardner PHONE 386-752-9852
INSTALLER Paul E Albright PHONE 386-755-5399 386-365-5314
INSTALLERS ADDRESS 199 SW Thomas Ter Lake city FL 32024

MOBILE HOME INFORMATION

MAKE Liberty YEAR 1991 SIZE 14 x 66
COLOR Tan SERIAL No. 10L22035
WIND ZONE 2 SMOKE DETECTOR 2 working

INTERIOR:

FLOORS good condition Plywood
DOORS good condition
WALLS good condition
CABINETS good condition
ELECTRICAL (FIXTURES/OUTLETS) 23, good condition

EXTERIOR:

WALLS / SIDING metal siding metal roof good
WINDOWS 6 windows good condition
DOORS 2 doors good condition

STATUS:

APPROVED ☒ NOT APPROVED ☐

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Paul E Albright

Installer/Inspector Signature Paul E Albright License No. 14-0000-333 Date 4-12-06

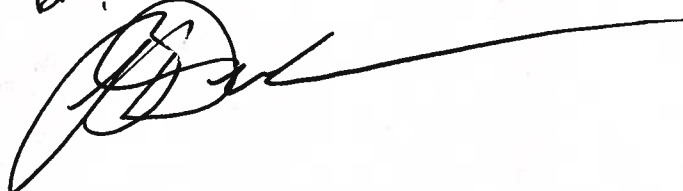
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

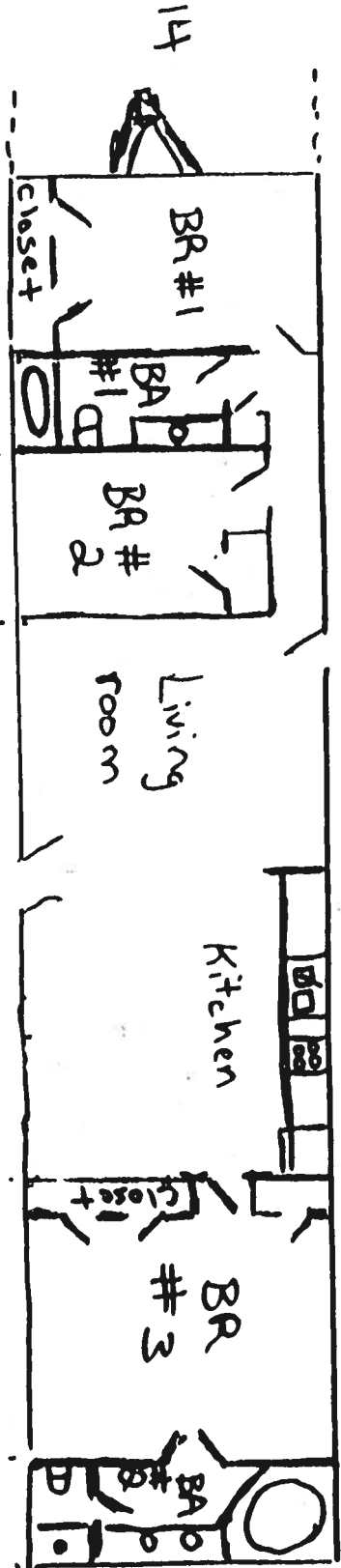
NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

OK to Bring in





1991 Liberty 14x26 Box
14x26 Hitch

POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENT:

That Paul E Albright
Names of Grantor(s)

has/have made, constituted and appointed, and by these presents do/does make, constitute and appoint Steven Baumgardner true and lawful attorney for him/her/they and in his/her/their name, place and stead to apply for and obtain permit(s) for my property located in Nassau County:

Parcel Number: 02-35-16-01946-011

911 Address: 247 NW Michelle Place Lake City FL 32085

For the following purpose:

THIS IS A SPECIFIC POWER OF ATTORNEY ISSUED FOR ONE-TIME USE FOR OBTAINING BUILDING AND UTILITIES PERMITS FOR THE STATED PURPOSE WHICH INCLUDES ALL ASPECTS OF OBTAINING DRIVEWAY, WELL AND SEPTIC SYSTEM PERMITS.....

Giving and granting unto Steven Baumgardner said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he/she/they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I/we/they have hereunto set his/her/their hand(s) and seal(s) the _____ day of _____, in the 20 _____

Signed, sealed and delivered in the presence of:

Paula Elliott
WITNESS SIGNATURE

Heather Creeley
WITNESS SIGNATURE

Paul E Albright
GRANTOR SIGNATURE

STATE OF Florida

Paula Elliott
PRINT NAME

Heather Creeley
PRINT NAME

Paul E Albright
PRINT NAME

COUNTY Columbia

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED:

Paul E Albright
NAME(S) OF GRANTOR(S)

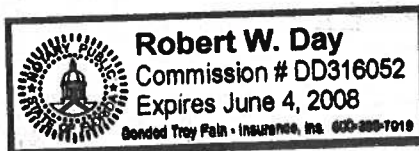
KNOWN TO ME TO BE THE PERSON(S) DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, WHO ACKNOWLEDGED BEFORE ME THAT HE/SHE/they EXECUTED THE SAME, THAT I RELIED UPON THE FOLLOWING FORM(S) OF IDENTIFICATION OF THE ABOVE-NAMED PERSON(S):

Personally Known AND THAT AN OATH (WAS) (WAS NOT) TAKEN.
WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE OF LAST AFORESAID THIS:

13th DAY OF April A.D., 2006

Robert W Day
NOTARY SIGNATURE

Robert W Day
PRINT OF NOTARY



LETTER OF AUTHORIZATION

Date: 4.20.2006

Columbia County Building Department
P.O. Drawer 1529
Lake City, FL 32056

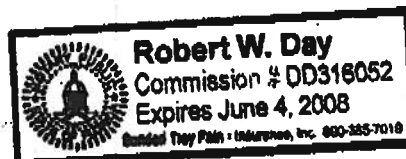
I PAUL ALBRIGHT, License No. TH0000333 do hereby

Authorize STEVE BAUMANN to pull and sign permits on my
behalf.

Sincerely,

Sworn to and subscribed before me this 24th day of April, 2006.Notary Public: Robert W. DayMy commission expires: 6-4-08Personally Known X

Produced Valid Identification: _____



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

24456

DATE RECEIVED 4-28-06 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Steve Baumgardner PHONE 752-9852 CELL 758-0555
ADDRESS 247 NW Michelle Place, L.C. 32055 work ext 802
MOBILE HOME PARK N/A SUBDIVISION N/A
DRIVING DIRECTIONS TO MOBILE HOME 41 N, past I-10, TL on Michelle
Place, 1st mt on right. mailbox with Hosli

MOBILE HOME INSTALLER Paul Albright PHONE 755-5399 CELL _____

MOBILE HOME INFORMATION

MAKE Liberty YEAR 1991 SIZE 14 x 66 COLOR Tan
SERIAL No. 10L22035
WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

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

INSPECTION STANDARDS

/ SMOKE DETECTOR () OPERATIONAL () MISSING
/ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
/ DOORS () OPERABLE () DAMAGED
/ WALLS () SOLID () STRUCTURALLY UNSOUND
/ 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/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 REINSPECTION FOR FOLLOWING CONDITIONS: _____

PLEASE CALL
to let know
when?
(Steve) work-758-0855
ext 8020
or Sharon (wife)
755-2921
home-752-9852

SIGNATURE Doug ID NUMBER 306 DATE 5-1-06