

Corbett's Liability
& License

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 20 April 2012 Building Official T.C. 4-17-12
AP# 1204-14 Date Received 4-9-12 By LA Permit # 30131
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Replacing MH already removed from property
FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 12-0233-N ☐ EH Release ☐ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner from 2nd owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet Appli
☒ Parent Parcel # _____ ☐ STUP-MH _____ ☒ W Comp. letter ☒ V Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 16-65-30-04001-115 Subdivision San Tucknee Estates Lot 15
New Mobile Home _____ Used Mobile Home ☒ MH Size 28x46 Year 1997
Applicant Donna Nestor Phone # 386-362-8322
Address 484 SW San Tucknee Fort White FL 32038
Name of Property Owner Virgie L. Eggleston Phone # 352-318-6902
911 Address 484 San Tucknee Fort White FL 32038
Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
Name of Owner of Mobile Home Virgie L. Eggleston & Donna Nestor Phone # 386-362-8322
Address 484 SW San Tucknee Fort White FL 32038
Relationship to Property Owner Fiance / Self
Current Number of Dwellings on Property _____
Lot Size _____ Total Acreage 10.01
Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
Is this Mobile Home Replacing an Existing Mobile Home Yes
Driving Directions to the Property 47 South Rt on 21527 Lt on
Utah Lt on Roberts Taylor Illinois St then
the way to 9nd on Right.
Name of Licensed Dealer/Installer Corbett's Mobile Home Center Phone # 386 364 1340
Installers Address 1126 Howard St E Live Oak FL 32064
License Number DH 1015386/1 Installation Decal # 2338
Left a message 4-20-12 for Wendy
spoke to Donna 4-20-12
Spoke to Wendy
4-26-12
Wendy at
Corbett's
386-364-5747
fax
spoke to Wendy 5-2-12

CK# 115
375.00

14513 Pumped out septic
on 4-2-12

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year

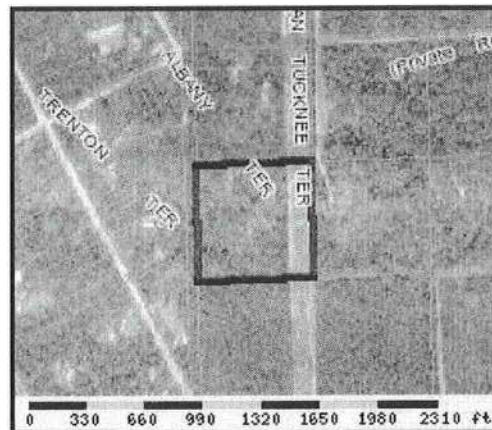
Parcel: 30-6S-16-04001-115

[<< Next Lower Parcel](#)
[Next Higher Parcel >>](#)
[Tax Collector](#)
[Tax Estimator](#)
[Property Card](#)
[Parcel List Generator](#)
[Interactive GIS Map](#)
[Print](#)

Owner & Property Info

Search Result: 1 of 1

Owner's Name	HAWORTH DEBBIE &		
Mailing Address	EGGLETON VIRGLE 1050 SWAYING OATS DR YORK, SC 29745		
Site Address	484 SW SAN TUCKNEE TER		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	30616
Land Area	10.010 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. BEG SW COR OF SEC, RUN N 664.22 FT, E 657.29 FT, S 662.71 FT, W 657.31 FT TO POB. (AKA LOT 15 SANTUCKNEE ESTATES S/D UNREC) ORB 894-1120.		



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$46,793.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$6,959.00
XFOB Value	cnt: (2)	\$1,046.00
Total Appraised Value		\$54,798.00
Just Value		\$54,798.00
Class Value		\$0.00
Assessed Value		\$54,798.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$54,798 Other: \$54,798 Schl: \$54,798	

2012 Working Values

NOTE:
2012 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
10/2/1998	894/1120	WD	V	U	01	\$23,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1996	BELOW AVG. (03)	240	396	\$6,827.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN, POLE	1996	\$546.00	0000728.000	26 x 28 x 0	AP (070.00)
0255	MBL HOME S	2008	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
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ALL M/H APPLICATIONS MUST HAVE A COMPLETED BUILDING PERMIT APPLICATION ATTACHED
PREMIT APPLICATION/MANUFACTURED HOME INSTALLATION

Applicant Donna Nestor
Address 484 SW San Tucknee
Fort White FL 32038

Permit # _____
Owner Name Virgie Eggleston
Address 484 SW San Tucknee
Fort White FL 32038

Name of Licensed Dealer/Installer Corbett's Mobile Home Center
License Number DIH1015386/1 Installation Decal # 2338
Manufacturers Name Liberty

Roof Zone _____ Wind Zone II
Number of Sections 2 Width 28 Length 66 Year 1997 Serial # 10L25811X
10L25811U

Installation Standard Used (Check One)

MANUFACTURERS MANUAL _____ 15C-1 ☒

SITE PREPARATION :

Debris and Organic Removal _____ Compacted Fill _____

Water Drainage: Natural ☒ Swale _____ Pad _____ Other _____

SUPPLY A FOUNDATION PLAN DRAWN TO SCALE

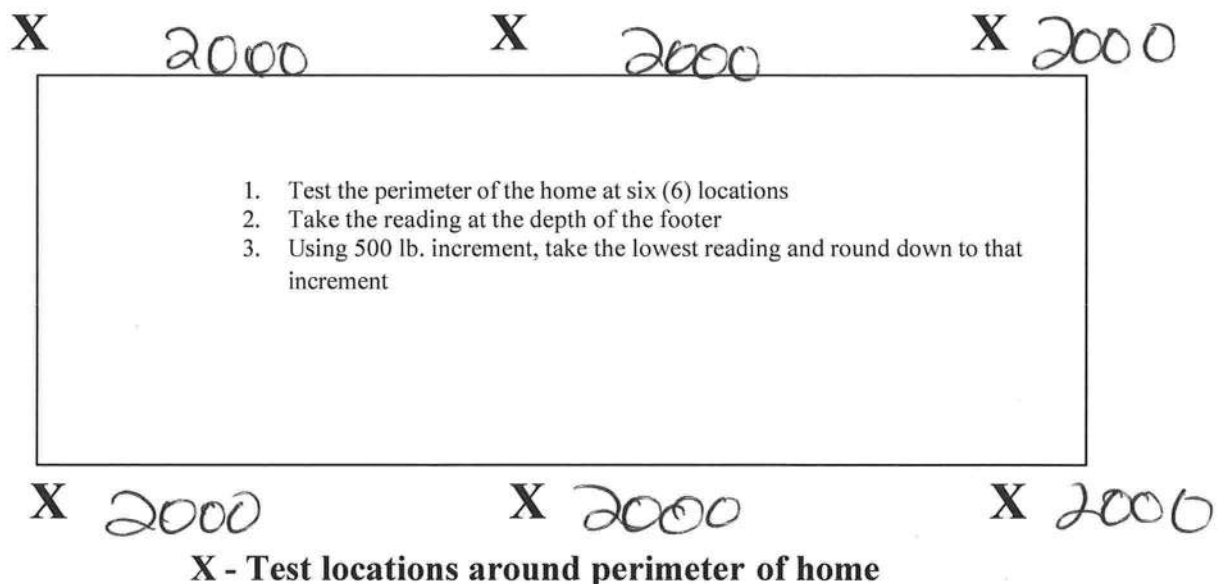
See Foundation Plan Example:

Anchors

1. Use manufactures set-up manual if available
2. If not available use the following;
 - a. Frame ties shall be a maximum of 5' 4" apart
 - b. Over the roof ties when required a 60ft. home or less shall have 3.61 ft. or above shall have four when required.

Minimum Permitting Requirements : A building permit by the local building authority must be obtained prior to the installation of any new or used mobile/manufactured home. The building permit application shall include, but not limited to a scale drawing of all pier block locations and foundation or footer dimensions and the soil load bearing capacity at the installation site. The soil load bearing capacity can be determined by a penetrometer test performed by a licensed installer, a general soil load bearing capacity declaration by a local building official or a test performed by a geotechnical testing company. When the soil load bearing capacity is not known, pier placement shall be based on soil load bearing capacity of 1,000 psf. (See example of pocket penetrometer test)

POCKET PENETROMETER TEST



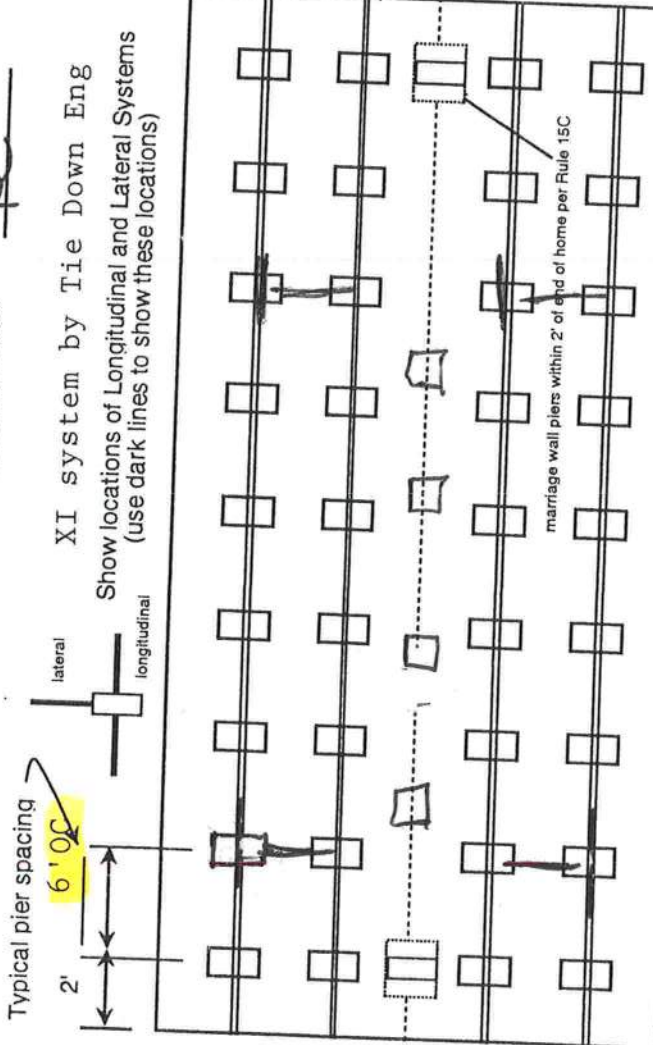
PERMIT NUMBER

Installer Corbett's Mobile Home Center DIH000017
Address of home being installed 484 SW San Tucker
Manufacturer Liberty Length x width 66 x 28

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 RC



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 # 2338
Triple/Quad ☐ Serial # 1022884 & 102588

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 24x24x1
Perimeter pier pad size 24x24x1
Other pier pad sizes (required by the mfg.) _____

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

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

Opening 18' Pier pad size 3 = 24x24x1

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Tie Down Eng
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Tie Down Eng

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
Number 3
XT System 4
4

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 7000 psf
or check here to declare 1000 lb. soil _____ without testing.

$$\begin{array}{r} \text{0000} \times \\ \text{0000} \times \\ \text{0000} \times \end{array}$$

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.

$$\frac{0902}{x} \times \frac{0002}{x} \times \frac{0002}{x}$$

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing . A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline 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 Corbett's Mobile Home Center

Date Tested 4-6-12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units.¹⁴ Pg. 14

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

Debris and organic material removed Yes
Water drainage: Natural ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor:	Type Fastener:	3/8	Lag	Length:	5"	Spacing:	16" OC
Walls:	Type Fastener:	3/8	SCREW	Length:	3"	Spacing:	24" OC
Roof:	Type Fastener:	3/8	Lag	Length:	3"	Spacing:	16" OC

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 Foam
Pg. 8

Installed:

Between Floors	Yes	X

Between Walls	Yes	X
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	A	X
Bottom of ridgebeam	Yes	

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 21
Siding on units is installed to manufacturer's specifications. Yes X
Fireplace chimney installed so as not to allow intrusion of rain water. Yes X

Miscellaneous

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

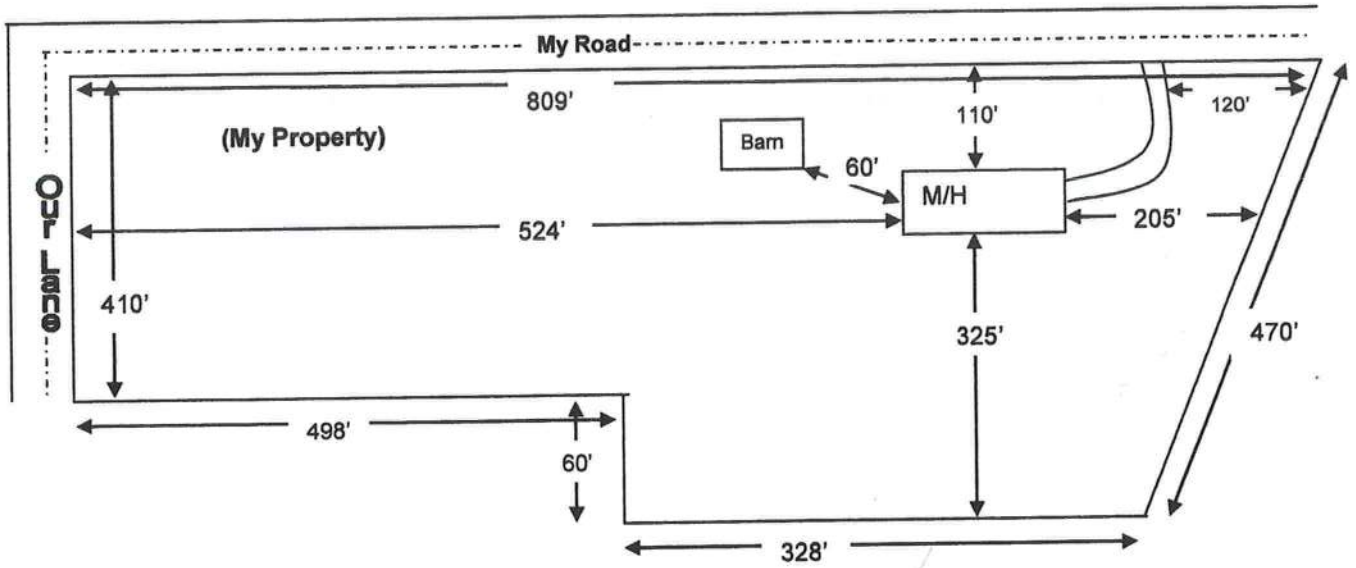
Installer verifies all information given with this permit worksheet is accurate and true based on the

manufacturer's installation instructions and or Rule 15C-1 & 2

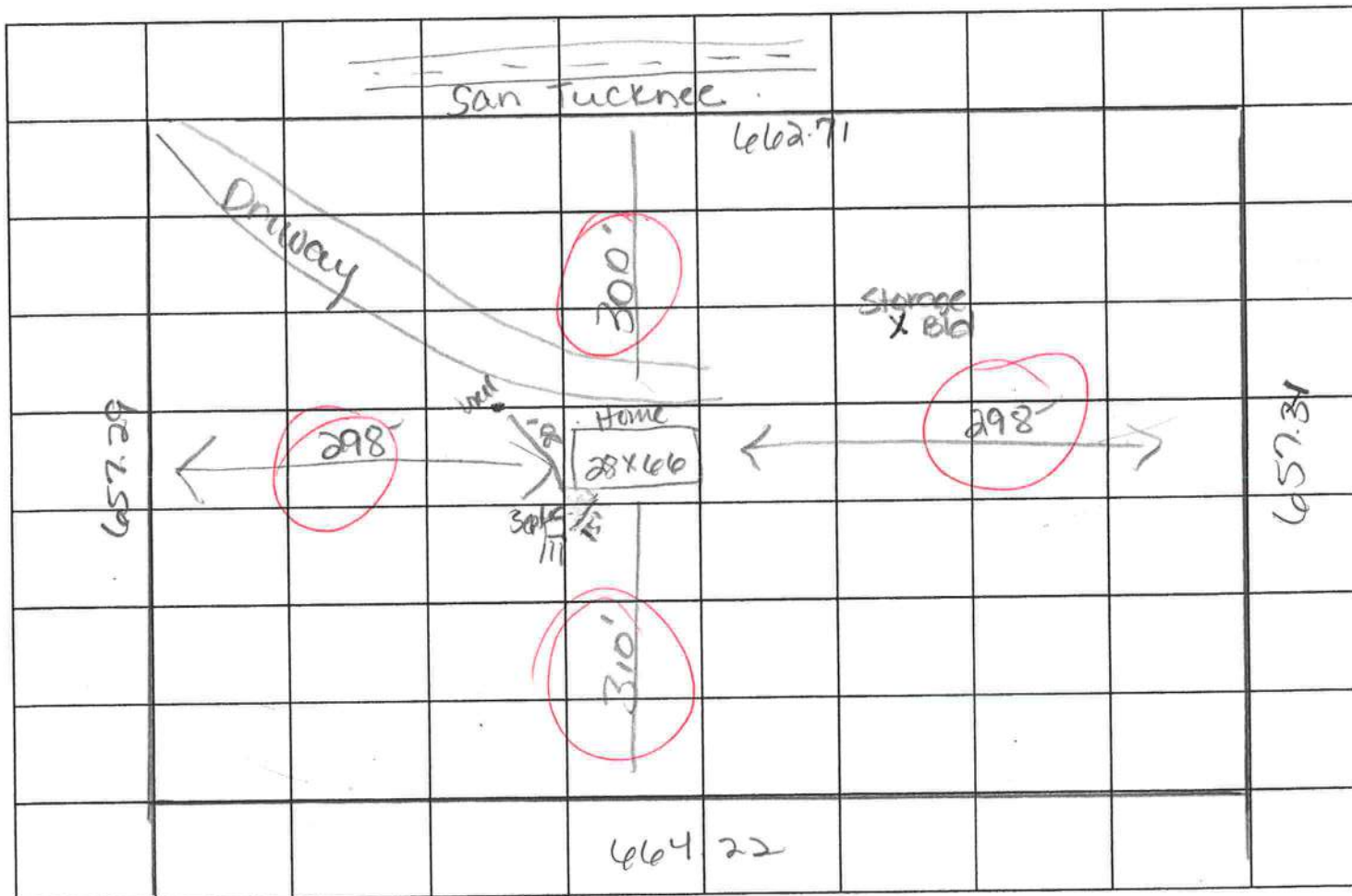
Installer Signature

Date _____

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.



LIMITED POWER OF ATTORNEY

I, Robert Corbett, license # 0141015386/1 hereby
authorize Donna Nestor to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Suwannee County, Florida.

Property owner: Virgie Eggleston

Sec _____ Twp. _____ S Rge _____ E

Tax Parcel No. _____

Robert Corbett
Mobile Home Installer

4-9-12
(Date)

Sworn to and subscribed before me this 9th day of April 20 12.

Wendi Tullis
Notary Public

My Commission expires: 5/1/2014
Commission No. DD
Personally known: ✓
Produced ID (Type) _____



1264-14
CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee
OWNERS NAME Donna Nestor PHONE 386-362-8322 CELL
INSTALLER Corbett's Mobile Home Center PHONE 386-364-1340 CELL
INSTALLERS ADDRESS 1126 Howard St E Wixom FL 32064

MOBILE HOME INFORMATION

MAKE Liberty YEAR 1997 SIZE 28 x 66
COLOR Yellow SERIAL No. 10L25811U + 10L25811X
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS good
DOORS Fair
WALLS need painting
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good
EXTERIOR:
WALLS / SIDING good
WINDOWS good
DOORS Fair

INSTALLER: APPROVED ☒ NOT APPROVED ☐
INSTALLER OR INSPECTOR'S PRINTED NAME Robert Corbett
Installer/Inspector Signature [Signature] License No. DH1015386/b Date 4/11/12

NOTES:

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

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

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

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

Code Enforcement Approval Signature

[Signature]Date 4-10-12Spoke to Windy 4-10-12

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: 4/9/2012 DATE ISSUED: 4/11/2012

ENHANCED 9-1-1 ADDRESS:

484 SW SAN TUCKNEE TER
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

30-6S-16-04001-115

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR PROPOSED REPLACEMENT
STRUCTURE ON PARCEL.

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.**

AFFIDAVIT

1204-14

STATE OF FLORIDA
COUNTY OF COLUMBIAThis is to certify that I, (We), Debbie Haworth
owner of the below described property:Tax Parcel No. 30-65-16-04001-115Subdivision (name, lot, block, phase) Santucknee Est, s/o Unrec. Lot 15Give my permission to Virgle Eggleston / Donna Nestor to place a
mobile home / travel trailer / single family home (circle one) on the above mentioned
property.I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.Debbie Haworth
Owner

Owner

SWORN AND SUBSCRIBED before me this 27th day of April
20 12. This (these) person(s) are personally known to me or produced
ID SC DL # 102716284Randy J. Moss
Notary SignatureB & Z fax #
386-758-2160

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1204-14 CONTRACTOR Carbetta M/H PHONE _____

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

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

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

ELECTRICAL	Print Name <u>Owner/Niraj K. Eggleston</u> Signature <u>Niraj K. Eggleston</u> License #: _____ Phone #: _____
MECHANICAL/ A/C	Print Name <u>Owner</u> Signature _____ License #: _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Owner</u> Signature _____ License #: _____ Phone #: _____

Subcontractor License	License Number	Subcontractor or Owner's Name	Subcontractor's 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 440.98, and shall be presented each time the employer applies for a building permit.

Contractor Form 1A Subcontractor Form 1/21

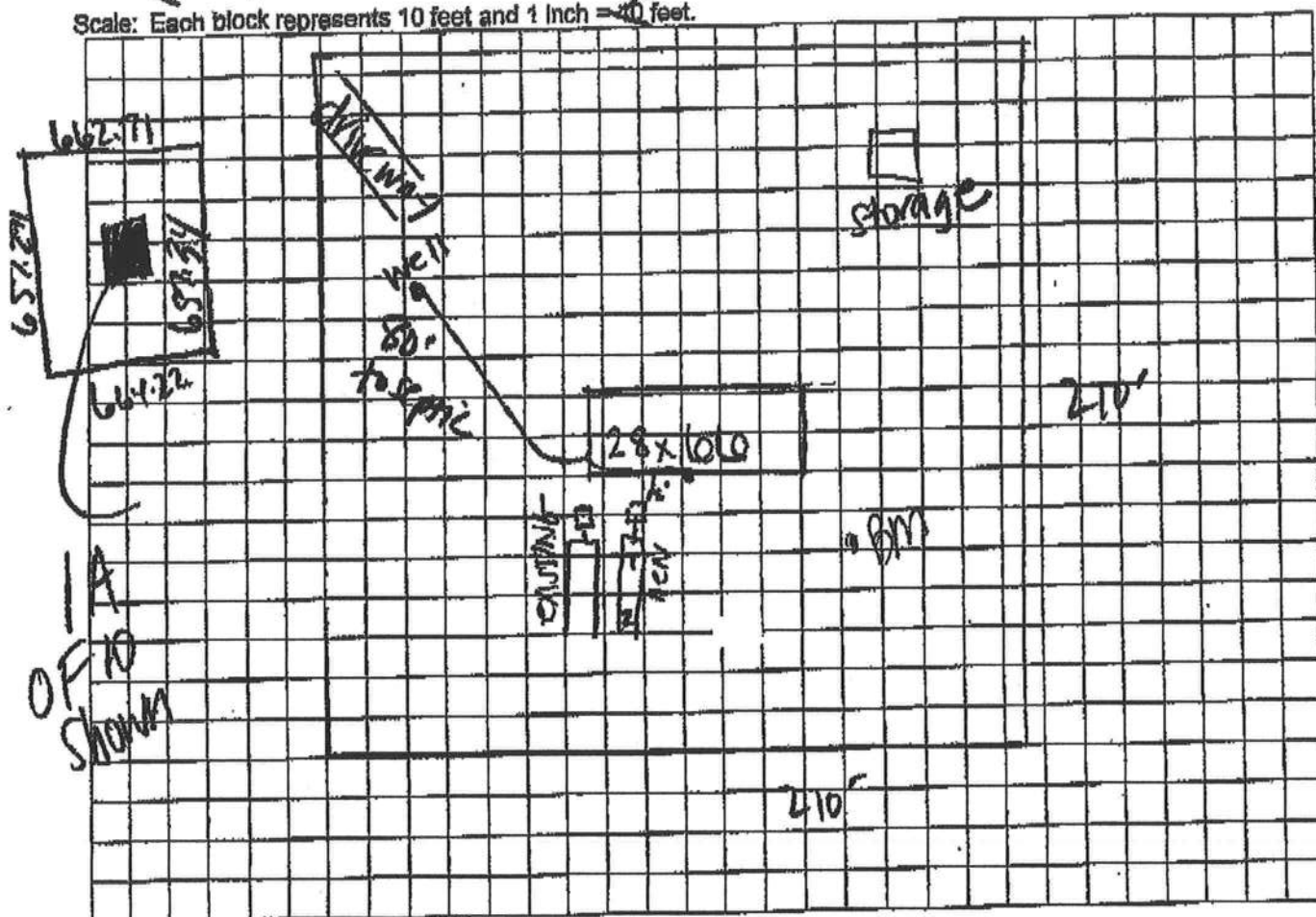
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number.

1A-22325N

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = ⁵⁰~~10~~ feet.



Notes:

Site Plan submitted by:

Plan Approved

BV

Not Approved

Plan Approved ☒ Not Approved ☐
By Sally A. Serel Env Health Director 5-1-12

Sumner

Date 5-1-12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4016, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-S.001, FAC
 (Stock Number: 5744-002-4016-S)

Columbia CHD

Page 2 of 4



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

PERMIT NO. B-00335N
DATE PAID: 4/23/12
FEE PAID: 125.00
RECEIPT #: 1212500
Verma 1212500

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Virgie EgglestonAGENT: Donna NestorTELEPHONE: (352) 318-6902MAILING ADDRESS: 484 SW San tucknee Terrace, Fort White FL 32038

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

PROPERTY INFORMATION

LOT: 15 BLOCK: _____ SUBDIVISION: San tucknee Estates PLATTED: _____PROPERTY ID # 30'65-16-04001-115 ZONING: Res I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 10.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: NA FTPROPERTY ADDRESS: 484 SW San Tucknee Ter. Fort White, FL 32038DIRECTIONS TO PROPERTY: 47 South to US 27 TR. Left on Utah, Left on Roberts, Left on San Tucknee to the end on right.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	3	1848	ORIGINAL ATTACHED
2				
3				
4				Zone X

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Virgie Eggleston Donna NestorDATE: 4/23/12

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

Page 1 of 4

PM

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5.1.12 BY JN IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME DONNA NESTOR PHONE 386.362.8322 CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION SUN-TUCKER ESTATES, LOT 15

DRIVING DIRECTIONS TO MOBILE HOME 47-S TO US 27, TL TO UTAH, TL TO ROBERTS, TL TO SOUTHERN, TL 211 the way to end on 2.

MOBILE HOME INSTALLER COLBETTS MHC PHONE 352.362.8322 CELL _____

MOBILE HOME INFORMATION

MAKE LIBERTY YEAR 1997 SIZE 28 X 66 COLOR YELLOW

SERIAL No. 10L25811K

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

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

Date of Payment: 4.9.12

Paid By: DONNA NESTOR

Notes: 1204-14

- P SMOKE DETECTOR () OPERATIONAL () MISSING
- P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
- P DOORS () OPERABLE () DAMAGED
- P WALLS () SOLID () STRUCTURALLY UNSOUND
- P WINDOWS () OPERABLE () INOPERABLE
- P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
- P CEILING () SOLID () HOLES () LEAKS APPARENT
- P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

- P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE John C... ID NUMBER 304 DATE 5-2-12