

DATE 01/14/2008

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000026608

APPLICANT JOYANN SHIPP PHONE 965-8165
ADDRESS 355 NE LAVERNE ST LAKE CITY FL 32055
OWNER MELANIE ROBERTS PHONE 752-4682
ADDRESS 661 SW BUCK COURT FT. WHITE FL 32038
CONTRACTOR JOHN SHIPP PHONE 965-8168
LOCATION OF PROPERTY 47S, TL ON 27, TL ON BENJAMIN WAY, TR ON BUCK COURT.
AT THE END OF CUL DE SAC ON LEFT, ALONG FENCE LINE IN BACK
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 20-7S-17-10027-000 SUBDIVISION COX SURVEY
LOT 18 BLOCK PHASE UNIT TOTAL ACRES

OJ0000334
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 06-888 CS JH Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash 140

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 \$ 57.78 WASTE FEE \$ 150.75
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 483.53
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."

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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

483.53

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official afg 1/18/07 Building Official afg 1-16-07

AP# 0701-55 Date Received 1-16-07 By LH Permit # 26608

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Panel 270 1-16-07 This packet turned in by Stacey Beckham. Out of Co. Sheet also per Doug. Then owner changed to Andy Shipp.

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

☒ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

Property ID # 20-75-17-10027-000 Subdivision COX SURVEY Lot 18

- New Mobile Home Stacey Beckham name was written out and new installer put here. Used Mobile Home ☒ Year 2003
- Applicant Joyann Shipp Phone # 965-8165
- Address 355 NE Laverne St. Lake City FL 32055
- Name of Property Owner MELANIE ROBERTS Phone# (386) 752-4682
- 911 Address 661 S W BUCK CT, FT. 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 MELANIE ROBERTS Phone # (386) 752-4682
Address P.O. BOX 1201, HIGH SPRINGS, FL 32655
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 5.00
- 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 NO (OURS)
- Driving Directions to the Property 47 S. TO FT. WHITE - LEFT @ LIGHT ON U.S. 27 - APPROX. 5 MI. TO BENJAMIN WAY ON LEFT - RIGHT ON BUCK CT TO CUL DE SAC AT END. - LEFT ALONG FENCE LINE HOME SITE IS IN WOODED AREA @ BACK OF PROPERTY
- Name of Licensed Dealer/Installer Andy Shipp Phone # 965-8168
- Installers Address 355 NE Laverne St. Lake City FL 32055
- License Number 240000334 Installation Decal # 290357

@ CAM112M01	S	CamaUSA Appraisal System	Columbia	County
1/16/2007 11:58		Legal Description Maintenance	Land	000 *
Year T Property		Sel	1810 AG	001
2007 R 20-7S-17-10027-000			Bldg	000
00			Xfea	000
ROBERTS MELANIE			1810 TOTAL	B

1	COMM SW COR, RUN E 85 FT FOR	POB, CONT E 1235.48 FT, N	2
3	352.60 FT, W 1235.48 FT, S	356.82 FT TO POB. (AKA LOT 18	4
5	COX SURVEY OFF US-27)	ORB 653-654, 700-625, 782-010,	6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 11/13/2002 TERRY

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

PERMIT WORKSHEET

Address of home being installed	406 S.W. Buck Ct. 2111 E 2000	for
------------------------------------	----------------------------------	-----

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 4.7



marriage wall pliers within 2' of end of home per Rule 15C

[illegible]

Home is installed in accordance with Rule 15-C ☐

Serial #	Triple/Quad
714mL2B09742683968	<input type="checkbox"/>

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'			5'	6'	7'	8'
1500 psf	4' 6"				8'	8'	8'
2000 psf	6'				8'	8'	8'
2500 psf	7' 6"				8'	8'	8'
3000 psf	8'				8'	8'	8'
3500 psf	8'				8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table

POPULAR PAD SIZES

Other pier pad sizes
(required by the mfg.) 20x20

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 feet and their pier pad sizes below.

Opening	Pier pad size
100	100
150	150
200	200
250	250
300	300
350	350
400	400
450	450
500	500
550	550
600	600
650	650
700	700
750	750
800	800
850	850
900	900
950	950
1000	1000

Living Room 20x20

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) *4*
Manufacturer *Q11, Vets + Co*
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

Sidewall
Longitudinal
Marriage wall
Shearwall

Number

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

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 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.

1-5 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: hwy Length: 6 Spacing: 2'x
Walls: Type Fastener: hwy Length: 6 Spacing: 2'x
Roof: Type Fastener: hwy Length: 6 Spacing: 2'x
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

Installed:

Type gasket foam

Between Floors Yes
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 _____

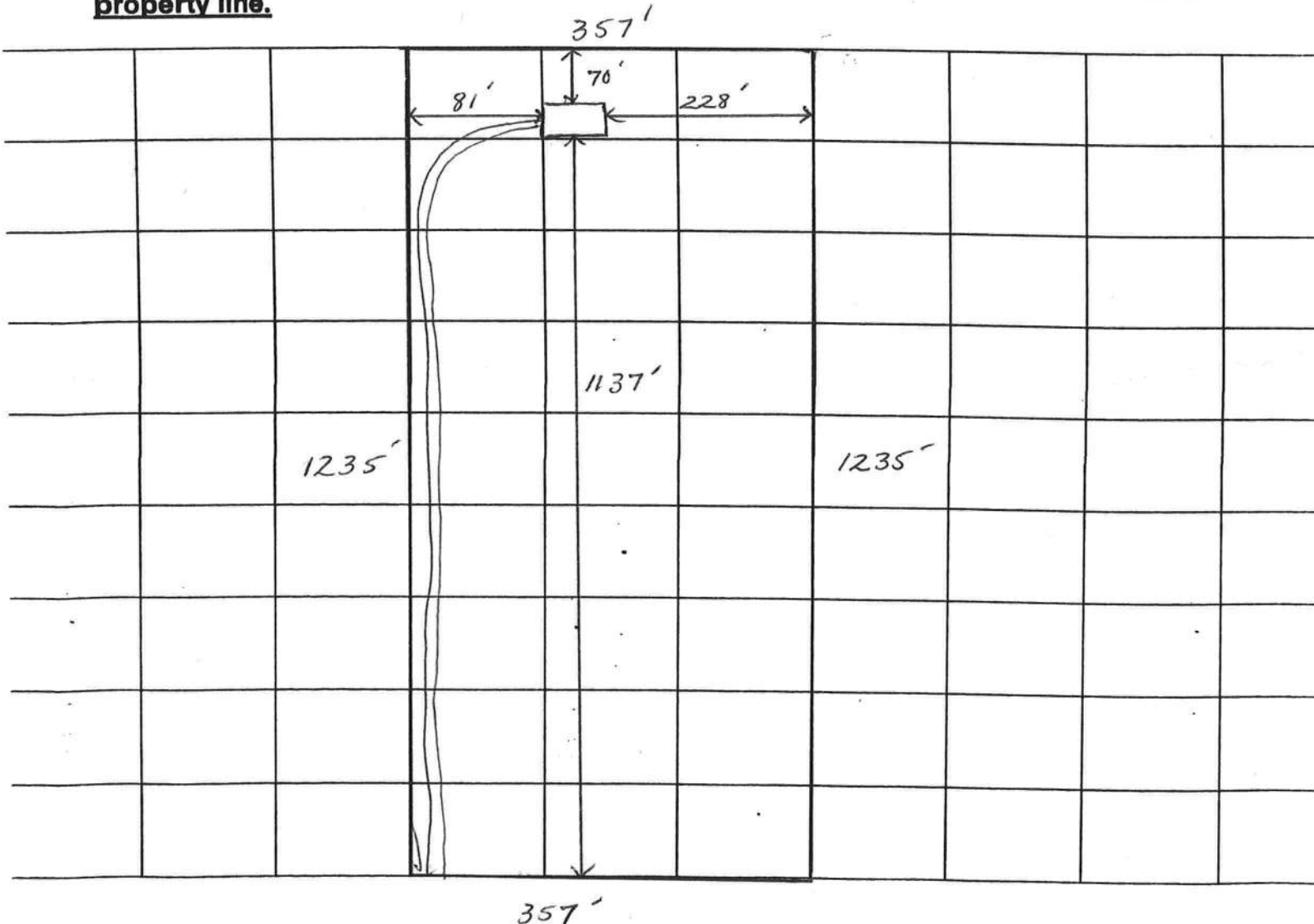
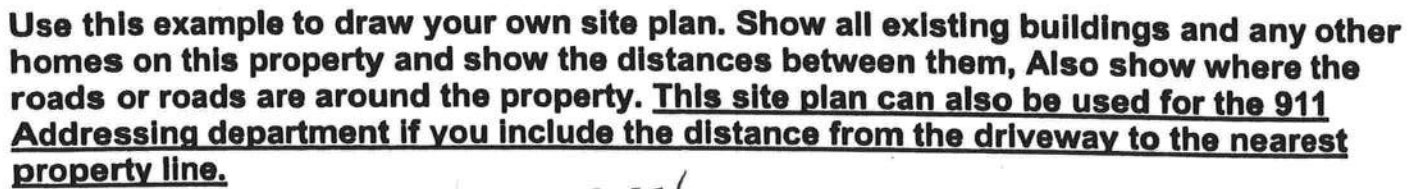
Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____
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 _____

סכסוך-יחסי





Columbia County 9-1-1 Addressing / GIS Department

P.O. Box 1787, Lake City, FL 32056

Telephone: (386) 758-1125 * Fax: (386) 758-1365 * E-mail: ron_croft@columbiacountyfla.com



9-1-1 Address Request Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: _____

Requester Last Name: ROBERTS

First Name: MELANIE

Contact Telephone Number: (386) 752-4682

(Cell Phone Number if Provided): _____

Requested for Self: ☒ or Requested for Company: _____
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

Parcel Identification Number: 20 - 75 - 17 - 100 27 - 000

If in Subdivision, Provide Name Of Subdivision:

COX SURVEY

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: 18

Attach Site Plan or you may use back of Request Form for Site Plan:

Requirements for Site Plan Are Listed on Back of Request From:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Date Assigned: _____

ID Number: _____

911 ADDRESS ALREADY ASSIGNED
661 S.W. BUCK CT.
FT. WHITE, FL 32038

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,
REPAIR, MODIFY, OR ABANDON A WELL

- ☐ Southwest
- ☐ Northwest
- ☐ St. Johns River
- ☐ South Florida
- ☐ Suwannee River

THIS PUMP FRONT WAS FILLED OUT COMPLETELY.

The undersigned certifier is responsible for completing this form and forwarding the packet to the appropriate designated entity where applicable.

CHECK HERE FOR APPROPRIATE DISPLACE ADDRESS ON BACK OF PERMIT FORM.

Permit No. 93464
 Florida Unique I.D. _____
 Permit Expiration Required (See attached) _____
 88-224 wall ☐
 88-224 Application No. _____

1. Melanie Roberts P.O. Box 1201 High Springs 32655
Owner, Legal Name of Entity & Corporation City Zip Telephone Number

2. Buck Ct. Ft. White 20-075-17-100 27000
Well Location - Address, Road Name or Number, City State Zip

3. PAT Lynch 2601 935-1076
Well Drilling Contractor License No. Telephone No.

4. SE 1/4 of SE 1/4 of Section 20
Address (Indicate Well on Chart)

5. P.O. Box 934 Branford, FL 32008
City State Zip

6. Columbia
County Subdivision Name Lot Block Unit

7. Number of proposed wells 1 Check the use of well: (see back of permit for additional details) Domestic Monitor (type)
Irrigation (type) Public Water Supply (type) List Other
(See Back) Distance from septic system 75 ft. Description of facility MH Estimated start of construction date 9/27/06

8. Application for: New Construction Repair/Modify Abandonment (Reason for Abandonment)
Estimated Well Depth 80 Casing Depth 60 Screen Interval from _____ to _____
Casing Material: Bit-Steel / Gal / PVC Casing Diameter 4 Seal Material _____

9. If applicable: Proposed From _____ to _____ Seal Material _____
Grouting Interval From _____ to _____ Seal Material _____
From _____ to _____ Seal Material _____

10. Telescope Casing _____ or Liner _____ (Check one) Diameter _____
Bit-Steel / Galvanized / PVC Other (specify): _____

11. Method of Construction: _____ Rotary _____ Cable Tool _____ Combination _____
Auger _____ Other (specify): _____

12. Indicate total No. of wells on site 0 List number of unused wells on site 0

13. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUWUP) or CUWUP Application? No Yes
(If yes, complete the following) CUWUP No. _____
District well I.D. NO. _____
Latitude _____ Longitude _____
Data obtained from GPS _____ or map _____ or survey _____ (map dates NAD 83 _____ NAD 83 _____)

14. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and shall obtain any permits or approvals required by the Department of Environmental Protection prior to commencing any well construction. I further certify that all information provided on this application is accurate and true to the best of my knowledge and belief, and I understand that providing false information is a criminal offense.
I certify that I am the owner of the property and the information provided is accurate, and that I am aware of my responsibilities under Chapter 224, Florida Statutes, to maintain my groundwater table logs as required by law. I have signed this report for the district, and the information provided is accurate, and I have informed the owner of the responsibility to maintain logs. Owner cannot be present at the time of a representative appears to the field.

Signature of Contractor PAT LYNCH License No. 2601 Date 9/25/06
Signature of Owner or Agent Signature Date

Draw a map of well location and indicate well site with an "X". Identify local roads and landmarks, provide distance between well and landmarks.

North
Buck Ct.
Benjamin Inc
US 27
South

X well

RECEIVED
SEP 25 2006

Approved/Granted By: Alfred N. ... Issue Date: 09-25-26 Hydrologist Approval: _____
Owner Number: _____ Fee Received: \$ 40 Receipt No.: 1602735 Check No.: _____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from date of issue.

WHITE: ORIGINAL FILE
YELLOW: DRILLING CONTRACTOR
PINK: OWNER

In back

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

OK Doug

COUNTY THE MOBILE HOME IS BEING MOVED FROM Duval
OWNERS NAME MELANIE ROBERTS PHONE 752-4682 CELL _____
INSTALLER STACY BECKHAM PHONE (386) 623-1377 CELL (352) 745-2738
INSTALLERS ADDRESS 269 S.W. PARKER LANE, LAKE CITY, FL 32024

MOBILE HOME INFORMATION

MAKE HOMES OF MERIT YEAR 2003 SIZE 28 X 48
COLOR GRAY SERIAL No. FLHML2B897426859A/B
WIND ZONE II SMOKE DETECTOR _____

INTERIOR:
FLOORS

DOORS

WALLS

CABINETS

ELECTRICAL (FIXTURES/OUTLETS)

EXTERIOR:

WALLS / SIDING

WINDOWS

DOORS

STATUS:

APPROVED

NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature

License No.

Date

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.

Columbia County Property Appraiser

DB Last Updated: 12/29/2006

Parcel: 20-7S-17-10027-000

2007 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	ROBERTS MELANIE		
Site Address			
Mailing Address	P O BOX 1201 HIGH SPRINGS, FL 32643		
Use Desc. (code)	PASTURELAN (006200)		
Neighborhood	20717.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	10.060 ACRES		
Description	COMM SW COR, RUN E 85 FT FOR POB, CONT E 1235.48 FT, N 352.60 FT, W 1235.48 FT, S 356.82 FT TO POB. (AKA LOT 18 COX SURVEY OFF US-27) ORB 653-654, 700-625, 782-010,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (0)	\$0.00
Ag Land Value	cnt: (1)	\$1,810.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$1,810.00

Just Value	\$64,384.00
Class Value	\$1,810.00
Assessed Value	\$1,810.00
Exempt Value	\$0.00
Total Taxable Value	\$1,810.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
10/1/1993	782/20	WD	V	Q		\$25,900.00
9/30/1993	782/8	WD	V	Q		\$23,500.00
5/24/1988	653/654	AD	V	Q		\$23,500.00

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)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
006200	PASTURE 3 (AG)	10.060 AC	1.00/1.00/1.00/1.00	\$180.00	\$1,810.00
009910	MKT.VAL.AG (MKT)	10.060 AC	1.00/1.00/1.00/1.00	\$0.00	\$64,384.00

Columbia County Property Appraiser

DB Last Updated: 12/29/2006

ELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____
OWNERS NAME Melanie Roberts PHONE 752-4687 CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 27 / drive on left before 138 go to back of property

MOBILE HOME INSTALLER Stacy Beckham PHONE 623-1347 CELL _____

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2003 SIZE 28 X 48 COLOR Gray

SERIAL No. FLHMC28897Y26859 A/D

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

INTERIOR: **INSPECTION STANDARDS**

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

☒ 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 _____

SIGNATURE Dry ID NUMBER 302 DATE 1-16-07



STATE OF FLORIDA
DEPARTMENT OF HEALTH

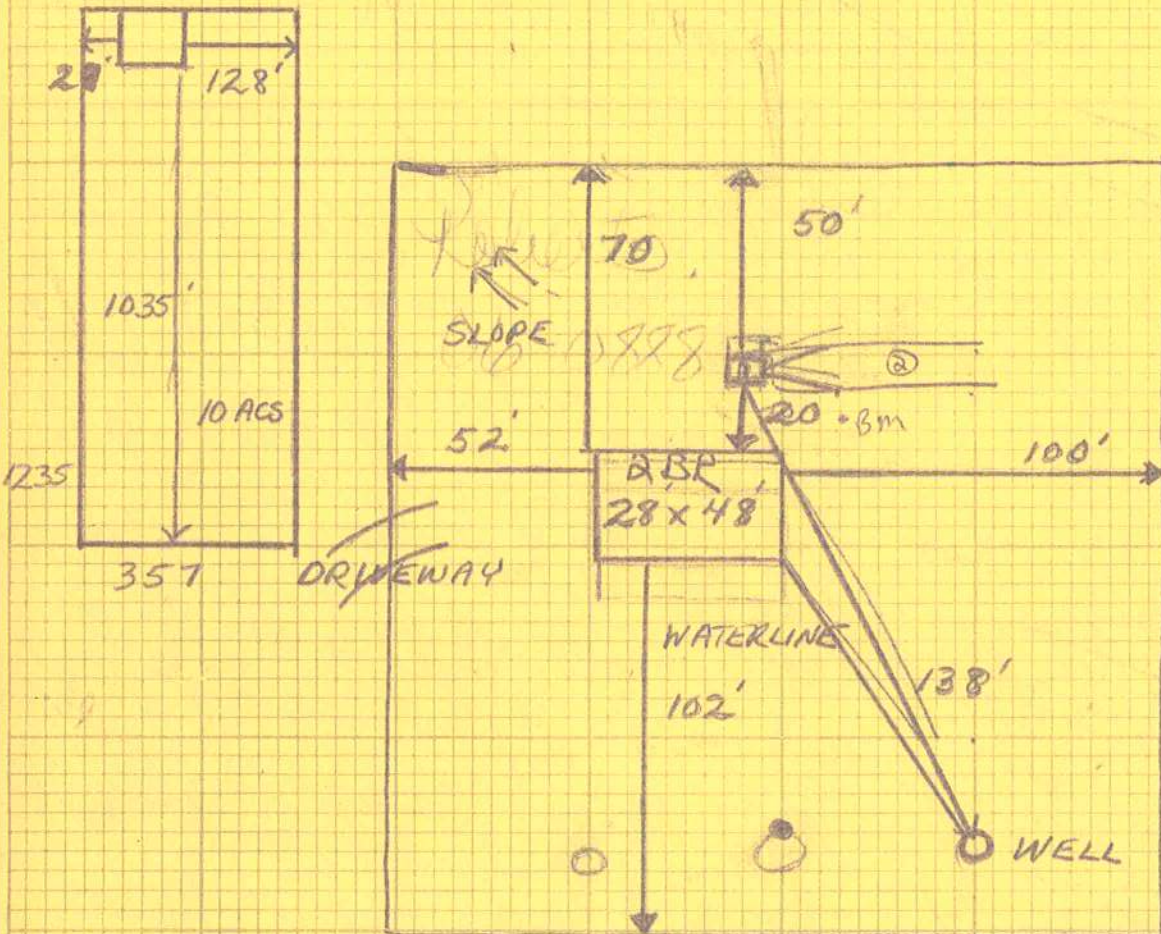
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

06-0888N

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: Melanie Pate Signature

OWNER Title

Plan Approved [Signature] Not Approved _____ Date 10/17/6

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT