



FW

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

11-02266E
PERMIT NO. 1003169
DATE PAID: 4/26/11
FEE PAID: 195.86
RECEIPT #: 1595861

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Glenn W. Cox

AGENT: _____

TELEPHONE: 352-317-2332MAILING ADDRESS: P.O. Box 2014 High Springs FL 32655

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: ☒ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____PROPERTY ID #: 04-75-17-09291-006 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 5.90 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 286 SW Bellamy RD High Springs FL 32643

DIRECTIONS TO PROPERTY: 1/2 mile S of Oleno St park on 4415 Bellamy RD
to Right 1st Drive on left. this property is located 1.2 miles
south of Lake City

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	<u>Mobile Home</u>	<u>2</u>	<u>980</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Glenn W. CoxDATE: 4/26/11

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/3 BY JW IS THE MM ON THE PRC PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME GLEN COX PHONE _____ CELL 352.371.2392
ADDRESS 296 SW Bellamy Rd. N. 171 32643
MOBILE HOME PARK _____ SUB DIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 4 1/4 MILE to 1/2 MILE South of OLENA WHITE PALM
to Bellamy Rd in 1/4 mile on right on L.

MOBILE HOME INSTALLER FERNON JONES PHON 3 CELL 352.3784711

MOBILE HOME INFORMATION

MAKE SHAW YEAR 1987 SIZE 14 x 70 COLOR Blue

SERIAL NO. 5451WGA238610184

WIND ZONE II Must be wind zone II or higher h) WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(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

\$50.00

Date of Payment: 4.26.11

Paid By: GLEN W. COX

Notes: 1104-52

"RUE"

SW

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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE

W. S. Powell

ID NUMBER

402

DATE

5-4-11