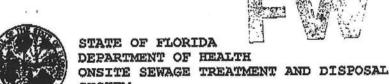
11-02065



PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [] Existing System [] Holding Tank [] Innovative [] Abandonment [] Temporary [] [] New System [] Repair APPLICANT: GENN W. COX TELEPHONE: 352-317-2332 AGENT: MAILING ADDRESS: 7.0 Box 2014 High Sorings 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 PROPERTY ID #: 04-75-17-09891-006 ZONING: _____ I/M OR EQUIVALENT: [Y / N] PROPERTY SIZE: 5.90 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD DISTANCE TO SEWER: FT IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] PROPERTY ADDRESS: 286 SW Bellamy RD High Springs Pl 32643 DIRECTIONS TO PROPERTY: 1/2 mile 5 of Oleno ST DALL ON 4415 Bellmy TD to Right 1st Diove of left. this property is located [MI RESIDENTIAL [] COMMERCIAL BUILDING INFORMATION Building Commercial/Institutional System Design No. of Unit Type of Bedrooms Area Soft Table 1, Chapter 64E-6, FAC No Establishment Mobile Home 2 980 ORIGINAL ATTACHED [] Floor/Equipment Prains [] Other (Specify)

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

Page 1 of 4

COOR ENFOR CEMENT PRELIMINARY MOBILE HOM INSPECTION REPORT

<i>U</i> .
DATE RECEIVED 5/3 BY JL IS THE NOW ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? 195
OWNERS NAME GIFLI CON PHONE CELL 352 3/1, 239 2
ADDRESS 296 SW BELLAND CA. H.S 72 32643
MOBILE HOME PARK SUB NVISION
DRIVING DIRECTIONS TO MOBILE HOME 41/4415 to 12 M IE JOHN AT OLENO THE TOLL
to Bellemy Rd in Vanile or from to
MOBILE HOME INSTALLER FEMON TOTALS PHON 3 CELL 352-318-47//
MOBILE HOME INFORMATION
MAKE JAME YEAR 1987 SIZE 14 X 70 GOLOR BLUE
SERIAL NO. 5456 MGA 23861024 SHS I WGA 238610184
WIND ZONE ALLOWED Must be wind zone it or higher & > WIND ZONE ALLOWED
INSPECTION STANDARDS
INTERIOR: (P or F) - P= PASS F= FAILED 550,00
SMOKE DETECTOR () OPERATIONAL () MISSING Date of Payment: 4. 2-(1)
FLOORS () SOLID () WEAK () HOLES DAMAGED L. CATION _ Paid By: GIFNE N. COX
DOORS () OPERABLE () DAMAGED
WALLS () SOLID () STELLCTURALLY LIMBOUND
WINDOWS () OPERABLE () NOPERABLE
PLUMBING FIXTURES () OPERABLE () INOPERABLE (MISSING
CEILING () SOLID () HOLES () LEAKS APPARENT
ELECTRICAL (FOCTURESIOUTLETS) () OPERABLE () EXP SED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING () LIGHT
EXTERIOR:
WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UN OUND () NOT WEATHERTIGHT () NEEDS CLEANING
WINDOWS () CRACKED BROKEN GLASS () SCREENS M 3SING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED
STATUS
PPROVED WITH CONDITIONS:
OT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS
IGNATURE St. S. Full 10 NUMBER 482 DATE 5-4-11