

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/3 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME GLEN COX PHONE _____ CELL 352 377 2392
ADDRESS 296 SW Bellamy Rd. N. 171 32643
MOBILE HOME PARK _____ SUB DIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 41/41S to Y2 N 1/2 S of OLENO VINEYARD
to Bellamy Rd in 1/4 mile on left on L.

MOBILE HOME INSTALLER FERNAN JONES PHON 3 CELL 352 378 4711

MOBILE HOME INFORMATION

MAKE SHAW YEAR 1987 SIZE 14 x 70 COLOR Blue
SERIAL No. SH51WGA238610184
WIND ZONE 4 Must be wind zone II or higher > 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

"RUSH"

SHW

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 Att. S. Powell ID NUMBER 402 DATE 5-4-11



FW

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

11-0206E
PERMIT NO. 1003169
DATE PAID: 4/26/11
FEE PAID: 125.00
RECEIPT #: 1545861

APPLICATION FOR:

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

APPLICANT:

Glenn W. Cox

AGENT:

TELEPHONE: 352-312-2332

MAILING 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 PLATED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: ☒ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____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

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 or left. this property is located 1.8 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. Cox

DATE:

4/26/11