PERMIT Columbia County Building Permit DATE 06/29/2009 This Permit Must Be Prominently Posted on Premises During Construction 000027914 APPLICANT **ROBIN SMITH** PHONE 386 832-6655 **ADDRESS** NE CLARA GLEN LAKE CITY 32055 246 PHONE 386 832-6655 OWNER ROBIN SMITH/RAY REEVES 32055 **ADDRESS** NE CLARA GLEN LAKE CITY FL **GLEN WILLIAMS** 623-1912 CONTRACTOR LOCATION OF PROPERTY 441N, TR TAMMY LANE, TR COLVIN, TL ON CLARA GLEN, , 4TH DRIVEWAY ON RIGHT ESTIMATED COST OF CONSTRUCTION 0.00 TYPE DEVELOPMENT MH, UTILITY HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES **FLOOR** FOUNDATION WALLS ROOF PITCH RSF/MH2 MAX. HEIGHT LAND USE & ZONING 25.00 15.00 SIDE 10.00 Minimum Set Back Requirments: STREET-FRONT NO. EX.D.U. FLOOD ZONE DEVELOPMENT PERMIT NO. SUBDIVISION 5 POINTS ACRES PARCEL ID 17-3S-17-04967-085 BLOCK PHASE UNIT TOTAL ACRES 1.00 LOT 5 IH0000972 Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor HD **EXISTING** 08-743 Approved for Issuance New Resident LU & Zoning checked by Septic Tank Number **Driveway Connection** COMMENTS: ONE FOOT ABOVE THE ROAD, CASH Check # or Cash FOR BUILDING & ZONING DEPARTMENT ONLY (footer/Slab) Temporary Power Monolithic date/app. by date/app. by date/app. by Under slab rough-in plumbing Sheathing/Nailing date/app. by date/app. by date/app, by Framing Insulation date/app. by date/app. by Electrical rough-in Rough-in plumbing above slab and below wood floor date/app, by date/app. by Heat & Air Duct Peri. beam (Lintel) Pool date/app. by date/app. by date/app. by

MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 25.68 WASTE FEE \$ 67.00

FLOOD DEVELOPMENT FEE \$ | FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ | TOTAL FEE | 417.68

INSPECTORS OFFICE | CLERKS OFFICE | CLER

date/app. by

date/app. by

0.00

M/H tie downs, blocking, electricity and plumbing

Culvert

Re-roof

SURCHARGE FEE \$

date/app. by

date/app. by

0.00

date/app. by

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.

C.O. Final

**CERTIFICATION FEE \$** 

date/app. by

Permanent power

Pump pole

Reconnection

date/app. by

date/app. by

date/app. by

**BUILDING PERMIT FEE \$** 

Utility Pole

0.00

"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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

		- 1 10
20.1	ised 1-10-08) Zoning Official	Building Official NO 6-26.
AP# 0906-57	Date Received <u>6/29/0 9</u> By (	9 Permit # 27914 -
Flood Zone Develop	oment Permit Zoning	F-Land Use Plan Map Category RLD
Comments	, *	
-	- the state of the	
FEMA Map# Elev	ation Finished Floor	_ River In Floodway
Site Plan with Setbacks Sh	own DEH # 08-0743 MEH	Release Well letter Existing well
Recorded Deed or Affidavit	from land owner Letter of Auth. from	n installer AState Road Access
□ Parent Parcel #	= STUP-MH	FW Comp letter
MPACT FEES: EMS	Fire Corr	Posd/Code
	= TOTAL Ø	Road/Code
	TO THE STATE OF TH	
10 2	13	
operty ID #	11-04967-085 Subdivision U	Pts ACRES UNIT & . LOT &
		MH Size 12,156 Year 1978
Annual DI C	IND YP-	Will Size 12/06 Year 1/1/0
Applicant Tobin Sch	I'KEEVES GO RAY REPHONE	e#_ 386. 832. 6655
	CARA GIN, LAKE City, 5	
Name of Property Owner	Jame as above	Phone#
	NE CLARA GILN, LAKE C;	
Circle the correct power of		- <u>Clay Electric</u>
(Circ	cle One) - <u>Suwannee Valley Electr</u>	
	RAY REEVES	
Name of Owner of Mobile	Home Robin Smith KEEVE	7. Phone # 386 - 832.6655
Address 246 NE (	CLARA GIN, LAKE CITS. +	L 3205S
Relationship to Property (	Owner O WNCAS	
	,	
Current Number of Dwellin	igs on Property	
Lot Size	Total Acreage_	100
Do you : Have Existing Dri	ve or Private Drive or need Culture B	
(Currently using)	(Blue Road Sign) (Putting in a Co	ermit Or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
Is this Mobile Home Repla	cing an Existing Mobile Home $NO$	(owes)
	roperty 44LN TO TAMMS (N	
	BEN TR + 476 DRIVENIAN	
	The state of the s	
Name of Licensed Dealer/II	nstaller Gilen Williams	Phone # 70/ / 27 1815
Installers Address 619	SE CONTRY CUBRY ILAK	Phone # 386 - 623 - 1912
License Number THOOU	0972 Installation	(F(14) 4132025

# **Columbia County Property** Appraiser DB Last Updated: 4/27/2009

# 2009 Preliminary Values

Search Result: 10 of 14

Tax Record **Property Card** 

Interactive GIS Map

Print

Next >>

Parcel: 17-3S-17-04967-085

Owner & Property Info

Owner's Name	REEVES RAYMOND GUY					
Site Address	CLARA	CLARA				
Mailing Address	246 NE CLARA GLEN LAKE CITY, FL 32055					
Use Desc. (code)	VACANT (000000)					
Neighborhood	017317.01	Tax District	2			
UD Codes	МКТА06	Market Area	06			
Total Land Area	1.000 ACRES					
Description	LOT 25 FIVE POINTS ACRES S/D UNIT 2. ORB 429-703, 657-023, 689-218, 821-2203, DC 905- 1971 WD 1010-1					

# **GIS Aerial**

<< Prev



# **Property & Assessment Values**

Mkt Land Value	cnt: (1)	\$11,970.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$11,970.00

Just Value	\$11,970.00		
Class Value	\$0.00		
Assessed Value	\$11,970.0		
Exemptions	\$0.0		
Total Taxable Value	County: \$11,970.00   City: \$11,970.00 Other: \$11,970.00   School: \$11,970.00		

# Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
3/17/2004	1010/1	WD	V	Q		\$5,000.00
5/13/1996	821/2203	WD	V	U	35	\$18,000.00

# **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
000000	VAC RES (MKT)	0000001.000 AC	1.00/1.00/1.00/1.00	\$11,970.00	\$11,970.00

Columbia County Property Appraiser

DB Last Updated: 4/27/2009

# **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:

12/30/2009

DATE ISSUED:

1/9/2009

**ENHANCED 9-1-1 ADDRESS:** 

270

NE CLARA

GLN

LAKE CITY

FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

17-3S-17-04967-085

Remarks:

LOT 25 FIVE POINTS ACRES S/D UNIT 2

Address Issued By:

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.

30001142 STATE OF FLORIDA HSMV 82250 (REV.11/88) MOTOR NUMBER ALL MAKES THROUGH 1954 - IQEATIFICATION NUMBER 1955 AND LATER MAKE BODY WT.-L-BHP TITLE NUMBER IDENTIFICATION NUMBER MODEL 5663217 N40517 ODOMETER - DATE READ NOBI REMARKS PREV. ISSUE DATE 09/25/78 REGISTERED OWNER (LAST NAME FIRST) DATE OF ISSUE MO. | DAY | PATTERSON MARTHA J RT 2 BOX 186-1 HAWTHORNE FL 32640-8132 02 23 90 1ST LIENHOLDER SECURITY PACIFIC HOUSING SVCS INC 6650 SOUTHPOINT PKWY STE 112 JAX FL 32216-0931 MO. DAY YR. 01 24 90 2ND LIENHOLDER KOMBILG TERMINO DATE Commission #100 and 1 DAY NONE or/ Publis - Collection een Deedo Caurdy Somme Because Chee To, 1970 ADDITIONAL LIENS -LIEN SATISFACTION -THE UNDERSIGNED HOLDER OF ABOVE DESCRIBED LIEN(S) ON THE MOTOR VEHICLE DESCRIBED HEREON HEREBY ACKNOWLEDGES SATISFACTION THEREOF. NOTE: IF LIENHOLDER IS SAME ON 1ST AND 2ND LIENS AND ONLY ONE LIEN IS BEING SATISFIED COMPLETE PROPER SPACE BELOW. DO NOT PERFORATE OR USE PAID STAMP. DOC 2ND LIEN. (LIENHOLDER) (SIGNATURE AND TITLE) SWORN TO AND COMMISSION EXPIRES\_\_\_\_ SUBSCRIBED BEFORE ME THIS (AFFIX SEAL) (NOTARY PUBLIC OF OTHER OFFICIAL HAVING SEAL) SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23, FORIDA STATUTES, THAT TITLE TO THE MOTOR VEHICLE DESCRIBED ABOVE IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR

TALLAHASSEE

FLORIDA

CONTROL NUMBER

A11718911

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

R. Mellon

LEONARD R. MELLON EXECUTIVE DIRECTOR

SAID MOTOR VEHICLE.

CHARLES J. BRANTLEY DIRECTOR

DIVISION OF MOTOR VEHICLES

# PURCHASE AGREEMENT

©&G

Hwy. 90 West Lake City, Florida

> 752-3743 or 752-3744

DRIVER'S LICENSE HIM: HER:

DATE OF BIRTH HIM: HER:

# C & G MANUFACTURED HOMES, INC.

**MOBILE HOMES** 

Locally Owned and Operated

C & G MANUFA			any owniou and operator
SOLD TO Raymond Leaves	PHON	719 <i>-886</i> 4 date	9-22-98
ADDRESS P.O. DOX 2467 LAKS	PITYCOUNTY proomone State Agrees to	FA 3056 SALESMAN C. Boll and the Purchaser to Purchaser the Pollows	Scott Caller
Subject to the Terms and Conditions Stated on Both Sides of this Ac	groomong/seller Agrees to	B. ROOMS   FLOOR SIZE   HITCH SIZE	STOCK NUMBERS
		L. W. L. W.	o o o o o o o o o o o o o o o o o o o
SERIAL NUMBER DIEW COLOR	PROPOSED DELIVERY DATE	KEY NUMBERS	HUD label number
N4-DS17 RSGAZD(8) DUSED	DELIVERY DATE		
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		PRICE OF UNIT	118 1309 150
	nomtu -	OPTIONAL EQUIPMENT	100
Solia Cas cas fill talls	U	COST OF SET-UP PARTS	
customer to sot ho	me	SUB-TOTAL	
		SALES TAX	90: 50
wheles + axles and	not		
moluded in solos	ould	ALA, NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
Title to be owien to	1	1. CASH PRICE	18 1400 LO
customor whon wheels +	alles	IRADE IN S LESS BAL DUE S ON ABOVE S	
Returned		ON ABOVE \$	
		NET ALLOWANCE	
		PAYMENT 1400.00	
		CASH AS AGREED SEE "REMARKS"	
		2. LESS TOTAL CREDITS	
		3. UNPAID BALANCE OF CASH SALE PRICE	^ _
		The state of the s	, 0-
		Title to said equipment shall remain agreed purchase price therefor is	
		or by the execution of a Retail	
		or a Security Agreement and its acc	231
		agency; thereupon title to the within	
		to the buyer as of the date of either	
		the signing of said credit instrume	
<del></del>	·	actual physical delivery may not be r	
2		IT IS MUTUALLY UNDERSTOOD THAT THIS I	AGREEMENT IS SUBJECT TO IS CONCERNING CHANGES IN
		NET PAYOFF ON TRADE-IN TO BE MADE AT T	ME IIME UP BEITLEMENT.
		<b>-</b>	
BALANCE CARRIED TO OPTIONAL EQUIPMENT	S	S.S.* / Name	
DESCRIPTION OF TRADE-IN		There is no assurance a mobile home can upon any surface other than of blacktop or	concrete.
MARE MODEL BEDROOMS	Size	Purchasers certify that the matter printed or	the back hereof has been
(CONTROL   CONTROL   CONTR	X	read and agreed to as a part of this agreen	ent the same as though it
TITLE NO SERIAL NO COLOR		were printed above the signatures; that buy older; or have been legally emancipated; that	t the within described mer-
		chandise, the optional equipment and accurance if included, has been voluntarily pur	cessories thereon and, in-
A M QUIT O WING 18 THOM		traded in is free from all encumbrances wi above. Purchaser agrees each paragraph an on both front and back is severable; if one p	natsoever, except as noted d provision of this contract ortion thereof is invalid the
TRADE-IN DEBT TO BE PAID BY DEALER C	USTOMER	remaining portion shall, nevertheless, remaining	
	I OR W	VE. HEREBY ACKNOWLEDGE RECEIPT OF	A COPY OF THIS ORDER

Page 1 of 3



# STATE OF FLORIDA DEPARTMENT OF HEALTH ON-SITE SEWAGE DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.	40 903598
DATE PAID:	12/2/2008
FEE PAID:	310.00
RECEIPT #:	
12-PZ	- 1821. RZ

APPLICATION FOR:  [ ] New System [ ] 1  [ ] Repair [ ] 2	Existing System	[ ] Holding T	ank [ ] Innovative
APPLICANT: RAY MOUL GUY	Abandonment	[ ] Temporary	[ ]
APPLICANT: TAY MOND GUY	Feeves		
AGENT: Robert Ford	HEST INC		TELEPHONE: 755-4372
MAILING ADDRESS: 580 HU	J Guerdon Rd	LC F1 320	55
	======		===========
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT	OR APPLICANT'S AU TO 489.105(3)(m)	OR 489.552, FLORIS	YSTEMS MUST BE CONSTRUCTED DA STATUTES.
= = = = = = = = = = = = = = = = = = =	======	=======	=======================================
LOT: 25 BLOCK: 2	UBDIVISION: Five	Points Acres	PLATTED: 1978
PROPERTY ID #: 17-55-17-04	967-085	ZONING: <u>5 F</u> I/	M OR EQUIVALENT: (Y/N)
PROPERTY SIZE: 1,000 ACRES W	ATER SUPPLY: [ $\wp$	PRIVATE PUBLIC [	]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.			
PROPERTY ADDRESS: 246 ME	Clara Glev		3 4
DIRECTIONS TO PROPERTY: Hwy	441 NORTH	TO TAMMY CA	ane TURN RILT
GO TO COLVIN ST	Turn left	Co to NE	CHARA FURN
Ryla 1/4 mile on	RULT		
BUILDING INFORMATION	[⊬] RESIDENTIAL	[ ] COMME	RCIAL
Unit Type of No Establishment	No. of Build: Bedrooms Area S	ing Commercial/Ins q Ft Table 1, Chapt	titutional System Design er 64E-6, FAC
1 M/H	2 14×7	70	
2	(980)	)	
3			
4			
[ ] Floor/Equipment Drains	[ ] Other (Spec	cify)	
SIGNATURE: FOLUX WOCL	1		DATE Dec 1 08
DH 4015, 10/97 – Page 1 (Previous of Stock Number: 5744-001-4015-1	editions may be used)	MALD	TOWER BOTTOM



# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0943 -- PART II - SITE PLAN----Scale: Each block represents 5 feet and 1 inch = 50 feet. - 1.000 Acre 201 25 Notes: HE CLARA GLEN KAYMOND GUY REEVES 17-35-17-04967-085 Site Plan submitted by: Kelut world Plan Approved Not Approved Date 12-3-06 Colubia \_ County Health Department

# PERMIT WORKSHEET

page 2 of 2

# POCKET PENETROMETER TEST

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

Floor

Roof Walls

# POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations
- 2 Take the reading at the depth of the footer
- Using 500 lb increments, take the lowest reading and round down to that increment





# ORQUE PROBE TEST

showing 275 inch pounds or less will require 4 foot anchors The results of the torque probe test is here if you are declaring 5' anchors without testing inch pounds or check A Test

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft reading is 275 or less and where the mobile home manufacturer may requires anchors with 4009 lb holding capacity

Installer's initials

# ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

nstaller Name

Date Tested

3

Electrical

This includes the bonding wire between mult-wide units.

nnect electrical conductors between multi-wide units, but not to the main power

rce

Plumbing

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

nnect all potable water supply piping to an existing water meter, water tap, or other ependent water supply systems. Pg  $\frac{1}{5}$ 

Site Preparation

Debris and organic material removed Water drainage: Natural Swale

Pad

Other

Fastening multi-wide units

For used homes Type Fastener ype Fastener ype-Fastener Length Length: Length Spacing Spacing Spacing

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 amin. 30 gauge, 8" wide, galvanized metal strip

Gasket (weatherproofing requirement)

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used

nstaller's initials

Type gasket

nstalled Between Floors Yes Between Walls Yes

Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes

Positions on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Range downflow vent installed outside of skirting. Yes Electrical crossovers protected Skirting to be installed. Drain lines supported at 4 foot intervals. Yes Dryer vent installed outside of skirting. Yes

Other

NA

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

Installer Signature

Date 6-25-69

# LETTER OF AUTHORIZATION

Date: 6-25-09
Columbia County Building Department P.O. Drawer 1529 Lake City, FL 32056  I License No. THOWN 972 do hereby  Authorize Robin Smith to pull and sign permits on my
behalf.
Sincerely,  Challele
Sworn to and subscribed before me this 25 day of June, 2009.
Notary Public: La Lodso
My commission expires: July 14, 2012
Personally Known  LAURIE HODSON MY COMMISSION # DD 805657 EXPIRES: July 14, 2012 Bonded Thru Notary Public Underwriters
Produced Valid Identification:

Revised: 1/2009

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number 08-0943 PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. 178 LOT ZLE 178 Notes: HE CLARA GLEN RAYMOND GUY RELUES 17-35-17-04967-085 Site Plan submitted by: Kelut willel Plan Approved Not Approved \_\_\_\_ Date 12-3-06

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Colubia

County Health Department

# CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6-25-09 BY CH IS THE MIH ON THE PROPERTY WHERE THE PERMIT WILL BE IS	SSUED? Yes
OWNERS NAME Madge Thorpe / Rayword & PHONE CELL 832-665	5
ADDRESS 270 NE Clara Glen, Lake City, fl 32055	
MOBILE HOME PARK NO SUBDIVISION Five Points Acre	s Unit 26t
, '-2	Colvin, Zs
(R) Clara Glen, then 445 on Right.	
	6.
MOBILE HOME INSTALLER Glen Williams PHONE CELL 623-	1912
MOBILE HOME INFORMATION	
MAKE Nobility YEAR 78 SIZE 14 X 60 COLOR_	
SERIAL No. N 40517	
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED	
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 MISS	ING ( ) LIGHT
FIXTURES MISSING	
EXTERIOR: WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEE	DS CLEANING
WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT	000000000000000000000000000000000000000
ROOF () APPEARS SOLID () DAMAGED	- 7
STATUS	
· · · · · · · · · · · · · · · · · · ·	
APPROVED WITH CONDITIONS:	
NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS	
SIGNATURE TO	

· 8 7/60

3867581328

# CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6-25-09 BY CH IS THE MIH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Modge Thorpe / Layword & PHONE CELL 832-6655
ADDRESS 270 NE Clara Glen, Lake City, Fl. 32055
MOBILE HOME PARK NO SUBDIVISION Five Points Acres Unit Z Cot
DRIVING DIRECTIONS TO MOBILE HOME 441 N, (B) Tammy LN, (D) Colvin, 25
@ Clara Glen, then 4th on Right.
MOBILE HOME INSTALLER Glen Williams PHONE CELL 623-1912
MOBILE HOME INFORMATION
MAKE Nobility YEAR 78 SIZE 14 x 60 COLOR
SERIAL NON 40517
WIND ZONE Must be wind zone it or higher NO 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
EXTERIOR:
WALLS / SIDDING ( ) 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 Day 6-25-09