Bruce will change & initial blocking when he picks up

LIAB – ☑ PEATOR W.C/amd

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 1-11)* Zoning Official BLK 27 MH 2012 Building Official T.C. 5-18-12

AP# 1205 - 37 Date Received 5/15 By JW Permit # 30188

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

Comments Replacing Existing MH Section 2.3.1 Legal Non-Conforming

FEMA Map# N/A Elevation N/A Finished Floor Unknown River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0251-E ☐ EH Release ☑ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☐ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009 Pd

Property ID # 27-4S-16-03216-018 Subdivision Shady Acres E 1/2 of Lot 18

- New Mobile Home ____ Used Mobile Home X MH Size 28x56 Year 2002
- Applicant Suwannee Skywalker LLC - Bruce Lawson Phone # 407 808 8772
- Address 4370 SW County Road 534 Mayo, FL 32066
- Name of Property Owner Suwannee Skywalker LLC Phone# 407-808 8772
- 911 Address 361 SW Precision Loop, Lake City, FL 32024
- Circle the correct power company - **FL Power & Light** - **Clay Electric**
  (Circle One) - **Suwannee Valley Electric** - **Progress Energy**
- Name of Owner of Mobile Home Suwannee Skywalker LLC Phone # 407 808 8772
  Address 4370 SW CR 534 Mayo, FL 32066
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size 123x178 Total Acreage 0.50
- Do you : Have **Existing Drive** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (Pd)
- Driving Directions to the Property Hwy 41 TO KING ROAD RIGHT ON KING RD 2 MILES TO ~~PRECISION LOOP~~ (RT) ON PRECISION LOOP after (L) Corner then 500' on Lt ~~Back Side on Rt~~. 2nd on (R)
- Name of Licensed Dealer/Installer Thomas J Potter Phone # 850-879-7095
- Installers Address 2542 N.E. Capital Dr Lake City FL 32055
- License Number IH-1025228 Installation Decal # 10719

Left a message for Bruce Lawson 5-22-12

$375.00
ck# 1330

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Thomas Pruitt License # 1025228

911 Address where home is being installed. 361 Precision Loop
Lake City Fl

Manufacturer Horton Length x width 28 x 56

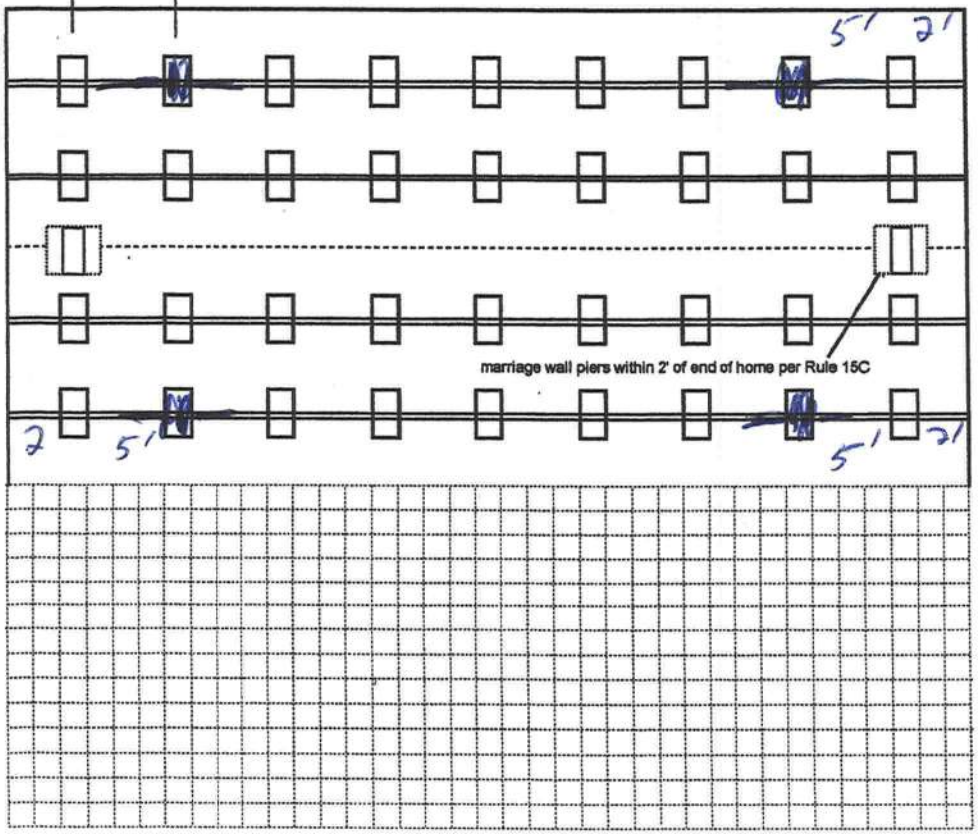
NOTE: ***if home is a single wide fill out one half of the blocking plan***
if home is a triple or quad wide sketch in remainder of home

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 _____

Typical pier spacing 2' 5' EBF 4.5 o.c. per contractor 8-21-12

lateral / longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☒

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 10719

Triple/Quad ☐ Serial # ~~GDFL094175GA~~ H179269GR&L

PIER SPACING TABLE FOR USED HOMES

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

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x22

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 27x33

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 foot and their pier pad sizes below.

Opening	Pier pad size
12	27x33

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ✓ 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Olivier

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	12 Blr. S. Ed.
Longitudinal	4
Marriage wall	4
Shearwall	0

COLUMBIA COUNTY PERMIT WORKSHEET

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 276 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Thomas Porter

Date Tested 4-30-12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 17

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1-8

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 1-11

Site Preparation

Debris and organic material removed Yes ✓.
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor: Type Fastener: Lag Length: Lot Spacing: 24 OC
Walls: Type Fastener: Floshy Length: Cont Spacing: 2'
Roof: Type Fastener: Floshy Length: Cont Spacing: _____
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, meldew 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 _____

Type gasket Foam Rubber Installed:
Pg. _____
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 ✓

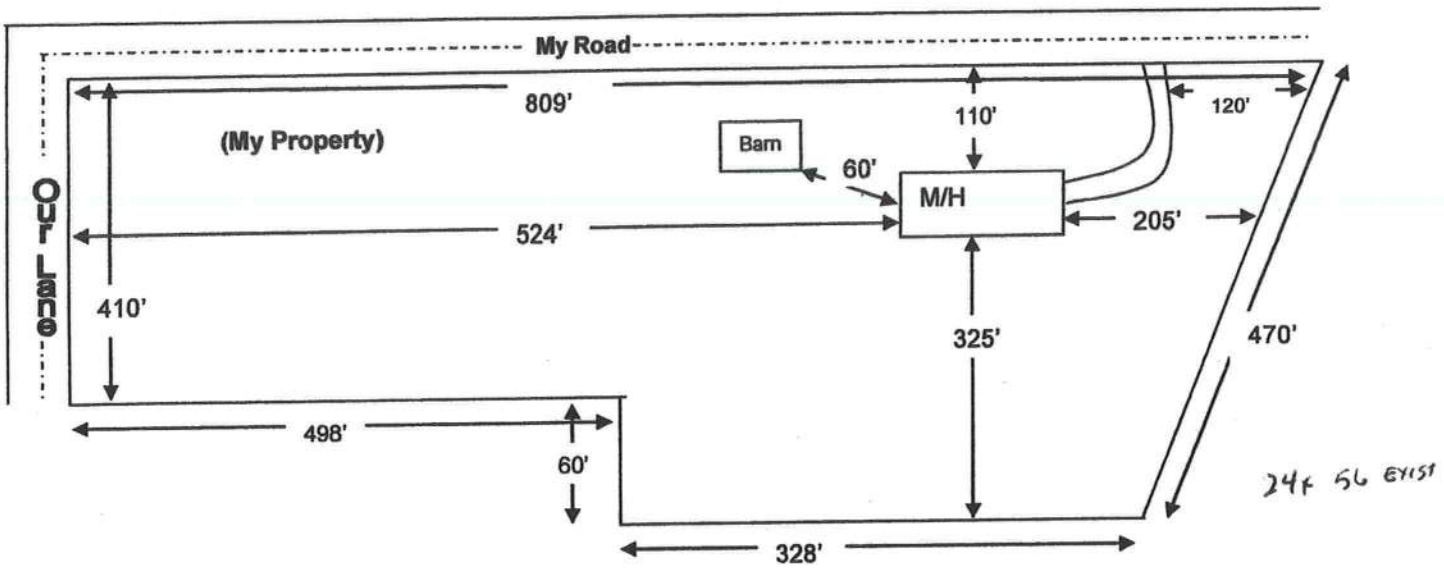
Miscellaneous

Skirting to be installed. Yes ✓ No _____
Dryer vent installed outside of skirting. Yes ✓ N/A _____
Range downflow vent installed outside of skirting. Yes ✓ N/A _____
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other : _____

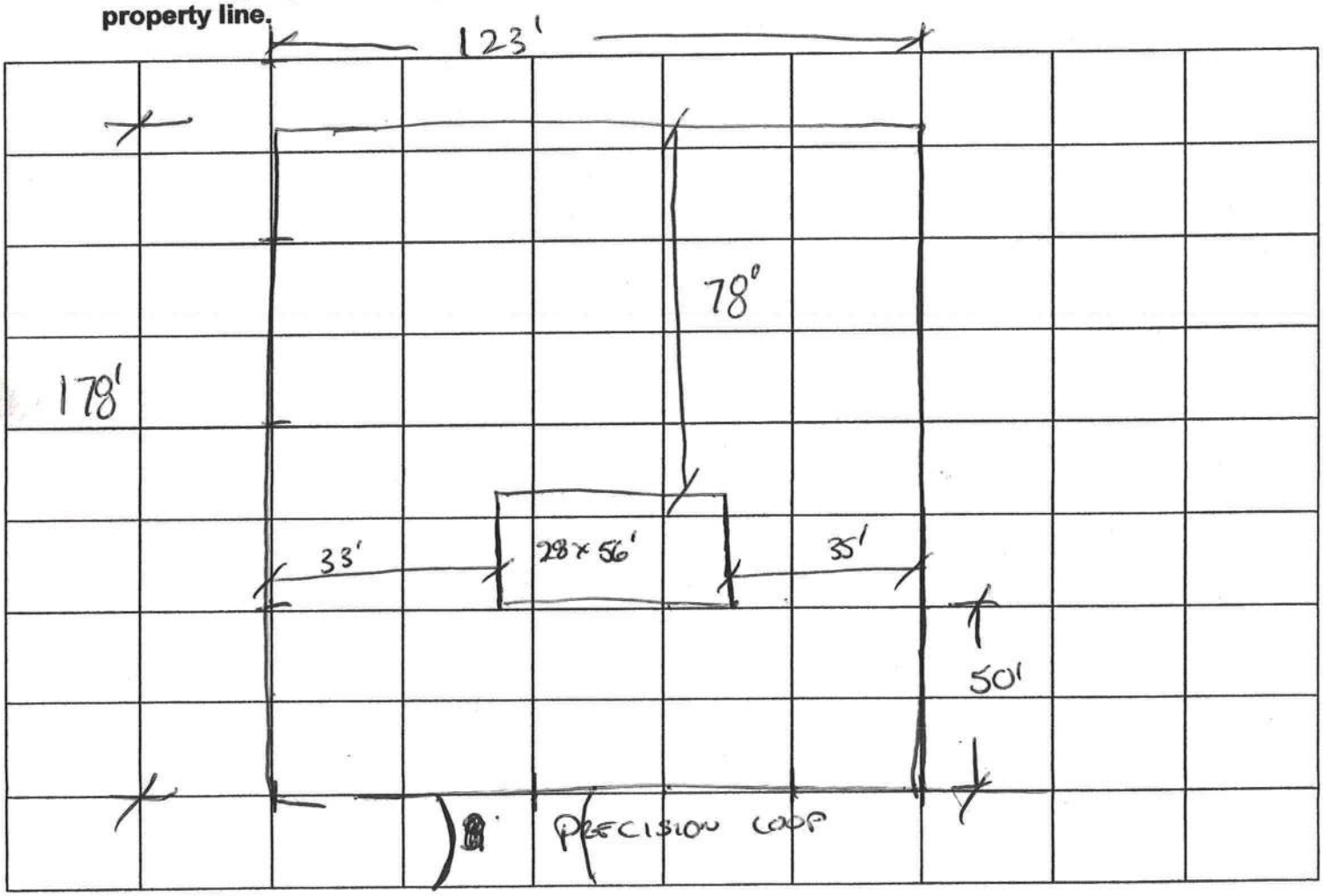
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Thomas Porter **Date** 4-30-12

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



DRIVEWAY 361 Precision Loop

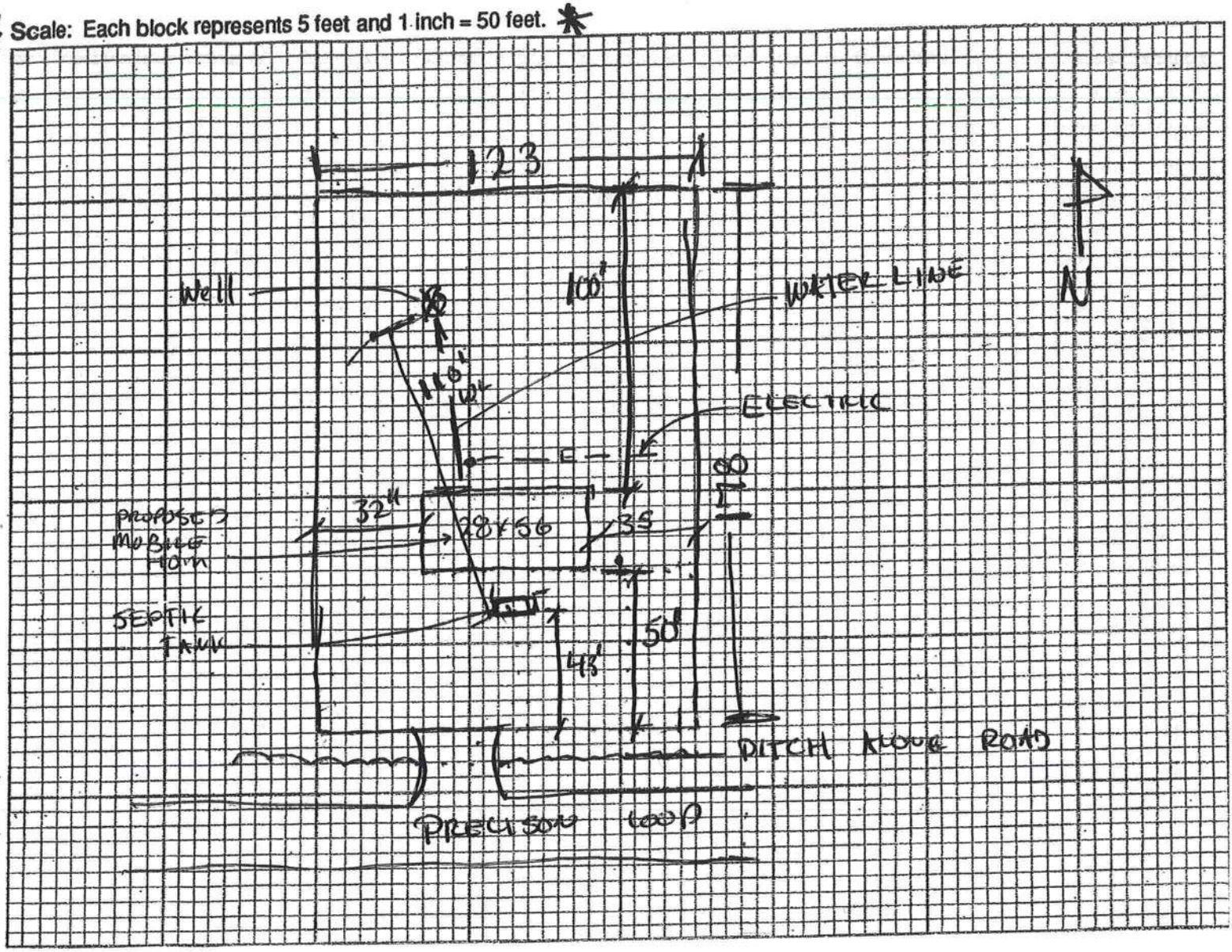
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0251E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: _____ Signature

Provider Services Specialist Title

Plan Approved X Not Approved _____

Date 5/15/12

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT NO. 12-0251E
DATE PAID: 3/9/12
FEE PAID: 125.00
RECEIPT #: 1855016
AP1071592

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Swanner Skywalker, LLC

AGENT: E Bruce Lawson, President TELEPHONE: 407-869-9772

MAILING ADDRESS: 4370 SW CR 534 Mayo FL 32066

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: E½ 18 BLOCK: ____ SUBDIVISION: Shady Acres PLATTED: 1996

PROPERTY ID #: 03216-018 ZONING: RES I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 361 Precison Loop Lake City, FL

DIRECTIONS TO PROPERTY: Hwy 47 to King Road turn RIGHT.
2 miles to Precision Loop TURN RIGHT GO TO BACK OF LOOP
TO 361

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC	
1	Mobile Home	3	1568	____	ORIGINAL ATTACHED ____
2					
3					
4					

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

SIGNATURE: [signature] DATE: 09/04/12

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

SPECIAL WARRANTY DEED

THIS INDENTURE, made this 22nd day of February, 2011, between COLUMBIA BANK, whose address is 173 NW Hillsboro Street, Lake City, Florida 32055, Grantor, and SUWANNEE SKYWALKER, LLC, a Florida limited liability company, whose address is 4370 SW County Road 534, Mayo, Florida 32066, Grantee,

W I T N E S S E T H:

That Grantor, for and in consideration of the sum of TEN AND NO/100 ($10.00) DOLLARS and other valuable consideration to Grantor in hand paid by Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to Grantee and Grantee's heirs, successors and assigns forever, the following described lands lying in COLUMBIA County, Florida, to-wit:

The East 1/2 of Lot 18 of Shady Acres Subdivision, as recorded in Plat Book 4, page 21, public records of Columbia County, Florida. Together with and including a 1981 FLOR doublewide mobile home, identification number GDOCFL04817564A(B) affixed to the property.
(Tax parcel number 27-4S-16-03216-018)

SUBJECT TO: Taxes for 2011 and subsequent years; restrictions and easements of record; and easements shown by a plat of the property.

Grantor does hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons claiming by, through and under Grantor.

IN WITNESS WHEREOF, Grantor has hereunto caused these presents to be executed by its duly authorized officer on the day above first written.

Signed, sealed and delivered
in the presence of:

Print Name: LISA POTTS

Print Name: Sherry M. Bush
Witnesses as to Grantor

COLUMBIA BANK

By: BRUCE A. NAYLOR
Its President

This Instrument Was Prepared By:
EDDIE M. ANDERSON, P.A.
Post Office Box 1179
Lake City, Florida 32056-1179

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 22 day of February, 2011 by BRUCE A. NAYLOR, as President of Columbia Bank. He is personally known to me.

(Notarial Seal)

Notary Public
My commission expires:

LISA POTTS
Comm# DD0773026
Expires 4/20/2012
Florida Notary Assn., Inc

Inst:201112002817 Date:2/23/2011 Time:10:45 AM
Doc Stamp-Deed:70.00
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1210 P:875

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

SUWANNEE SKYWALKER, LLC

Filing Information

Document Number	L10000094932
FEI/EIN Number	273430605
Date Filed	09/10/2010
State	FL
Status	ACTIVE
Effective Date	09/09/2010

Principal Address

4370 SW CR 534
MAYO FL 32066 US

Mailing Address

4370 SW CR 534
MAYO FL 32066 US

Registered Agent Name & Address

LAWSON, E BRUCE
4370 SW CR 534
MAYO FL 32066 US

Manager/Member Detail

Name & Address

Title MGRM

LAWSON, E. BRUCE
P.O. BOX 540693
ORLANDO FL 32854 US

Title MGRM

LAWSON, LEVIS E JR
4370 SW CR 534
MAYO FL 32066 US

Annual Reports

Report Year	Filed Date
2011	01/29/2011
2012	05/07/2012

Document Images

05/07/2012 -- ANNUAL REPORT	View image in PDF format
01/29/2011 -- ANNUAL REPORT	View image in PDF format
09/10/2010 -- Florida Limited Liability	View image in PDF format

Note: This is not official record. See documents if question or conflict.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1205-37 CONTRACTOR Thomas J Proctor PHONE 850-879-7495

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name E. BRUCE LAWSON License #:	Signature Phone #: 407 808 8772
MECHANICAL/ A/C _____	Print Name License #:	Signature Phone #:
PLUMBING/ GAS	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Thomas J. Prator, give this authority for the job address show below only, 361 Precision Loop, and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

(Installer License Holder Name) (Job Address)

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
E. Bruce Lawson		___ Agent ___ Officer X Property Owner
Levis E Lawson		___ Agent ___ Officer X Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Thomas J Prator — 1023228 — 4-30-12

License Holders Signature (Notarized) | License Number | Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Madison

The above license holder, whose name is Thomas Prator, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 10 day of May, 2012.

Connie Mc Clamma
NOTARY'S SIGNATURE (Seal/Stamp)

CONNIE MC CLAMMA
Notary Public, State of Florida
My Comm. Expires Nov. 22, 2015
Commission No. EE 136158

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

1205-37

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee County

OWNERS NAME Suwannee Skywalker, LLC PHONE 386-208-862 CELL 407 808 877K

INSTALLER Thomas T. Porter PHONE _____ CELL 850-879-7095

INSTALLERS ADDRESS 2542 N.E. Gail Dr Lake City FL 32055

MOBILE HOME INFORMATION

MAKE HORTON YEAR 2003 SIZE 28 x 56

COLOR _____ SERIAL No. H179269GR & H179269GL

WIND ZONE 2 SMOKE DETECTOR OK IN PLACE

INTERIOR:
FLOORS OK

DOORS OK

WALLS OK

CABINETS OK

ELECTRICAL (FIXTURES/OUTLETS) IN PLACE OK

EXTERIOR:
WALLS / SIDDING OK

WINDOWS OK

DOORS OK

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Thomas T Porter

Installer/Inspector Signature Thomas T Porter License No. 1025228 Date 5/11/12

NOTES: _____

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 5-15-12

Troy - left MSG 5.15.12

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: 5/16/2012 **DATE ISSUED:** 5/16/2012

ENHANCED 9-1-1 ADDRESS:

361 SW PRECISION LOOP

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

27-4S-16-03216-018

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR STRUCTURE.

Address Issued By: SIGNED: / RONAL N. CROFT
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.

2278

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

1205-37

DATE RECEIVED 5-22-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Suwannee Skywalker LLC PHONE Bruce Lawson CELL 407-808-8772

ADDRESS 361 SW Precision Loop Lake City FL 32024

MOBILE HOME PARK _____ SUBDIVISION Shady Acres E½ Lot 18

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (R) Icing Rd, (R) Precision Loop 500' on the back side on (R)

MOBILE HOME INSTALLER Thomas Prator PHONE _____ CELL 850-878-7085

MOBILE HOME INFORMATION

MAKE Horton YEAR 02 SIZE 28 X 56 COLOR _____

SERIAL No. H179269GR8L

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

INSPECTION STANDARDS

INTERIOR:

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

$50.00

Date of Payment: 5-15-12

Paid By: Bruce Lawson

Notes: _____

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER 304 DATE 5-23-12

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 27-4S-16-03216-018 **Building permit No.** 000030188

Permit Holder THOMAS PRATOR

Owner of Building SUWANNEE SKYWALKER, LLC

Location: 361 SW PRECISION LOOP, LAKE CITY, FL 32024

Date: 06/13/2012

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)