

CH# 563

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

\$53719

For Office Use Only (Revised 1-11) Zoning Official BK 26 MARCH 2012 Building Official T.C. 3-26-12

AP# 1203-39 Date Received 3/15 By JL Permit # 30032

Flood Zone X Development Permit N/A Zoning A-1 Land Use Plan Map Category A-1

Comments Legal lot - record through will

FEMA Map# N/A Elevation N/A Finished Floor 1' above R River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 120082-12 ☒ 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 ☒ V Form

IMPACT FEES: EMS ☐ Fire ☐ Corr ☐ Out County ☒ In County pl

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

Property ID # 20-15-17-84548-000 Subdivision

- New Mobile Home ☐ Used Mobile Home ☒ MH Size 76x32 Year 1998
- Applicant Kathryn Cullum Phone # 386-365-8483
- Address 14687 N US Hwy 441 Lake City FL 32055
- Name of Property Owner Kathryn Cullum Phone # 386-365-8483
- 911 Address 14687 N US Hwy 441, Lake City, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home James Sistrunk Phone # 386-344-0713
Address Same as above
- Relationship to Property Owner Buyer
- Current Number of Dwellings on Property 1
- Lot Size Total Acreage 5.02
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO (OWES)
- Driving Directions to the Property North on Hwy 441 Lake City FL
11 miles north of I10 overpass on Rt.
Red barn.
- Name of Licensed Dealer/Installer Jerry Corbett Phone # 386-362-4948
- Installers Address 10314 US Hwy 90 E. Live oak, FL 32060
 - License Number 1025368 Installation Decal # 8697

JL spoke w/ KATHRYN 3/26/12

PERMIT NUMBER

PERMIT WORKSHEET

Installer Terry Corbett License # TH-1025368

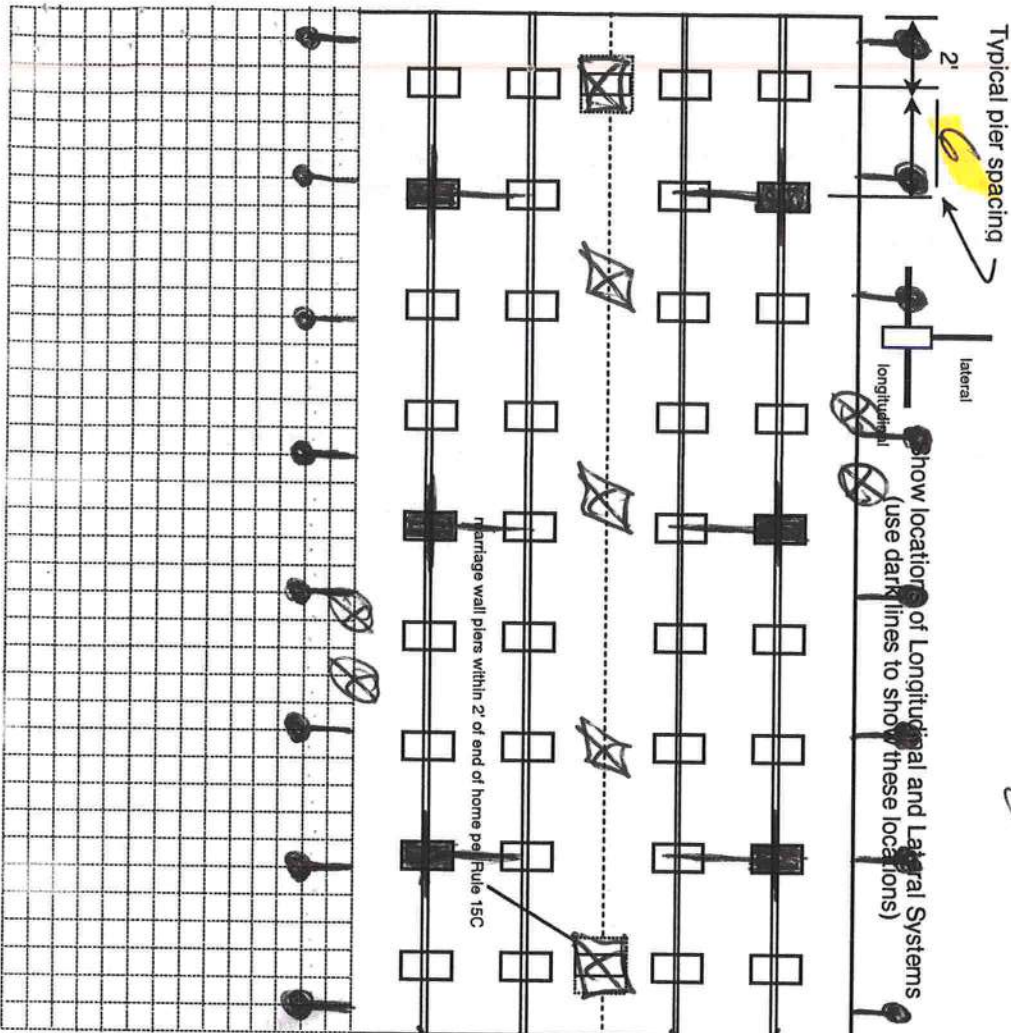
Address of home being installed 14687 N US Hwy 441
Lake City FL 32055

Manufacturer Horton Length x width 32x76

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 TC



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 # 8697

Triple/Quad ☐ Serial # H206675621B

Root System: ☒ Typical ☐ Hinged ☐ 446 provided

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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

Beam pier pad size 175x256x1

Perimeter pier pad size 16x16x1

Other pier pad sizes (required by the mfg.) 26x36x1

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 12 ft

Pier pad size 26x36x1

4 ft ☒ 5 ft ☐

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver Tech

OTHER TIES

Number 30

Sidewall

Longitudinal

Marriage wall

Shear wall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1700 X 1700 X 1600

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 1600 X 1200 X 1600

TORQUE PROBE TEST

The results of the torque probe test is 285 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. 1 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Berry Cobble
02-14-12

Electrical

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8" Length: 6" Spacing: 24"
Walls: Type Fastener: 3/8" Length: 6" Spacing: 24"
Roof: Type Fastener: 3/8" Length: 6" Spacing: 24"
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, mildew 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 Packling
Pg. _____

Installed:
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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Berry Cobble Date 02-14-12

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, Jerry Corbett, license number IH 1025368
Please Print

do hereby state that the installation of the manufactured home for

Kathryn Cullum at 14687 NUS Hwy 491 Lake City FL
Applicant
911 Address 32055

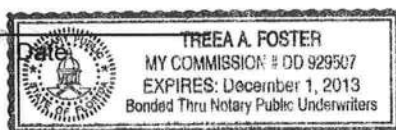
will be done under my supervision.

Jerry Corbett
Signature

Sworn to and subscribed before me this 15 day of Feb.,
2012.

Notary Public: Trea A. Foster
Signature

My Commission Expires: _____



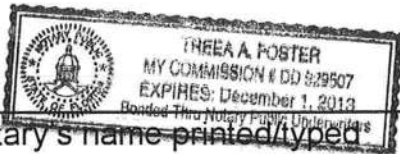
AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Kathryn Cullum
Property ID: Sec: 20 Twp: 1 Rge: 17 Tax Parcel No: _____
Lot: _____ Block: _____ Subdivision: _____
Mobile Home Year/Make: 1998 Size: 32x76

Jerry Corbett
Signature of Mobile Home Installer

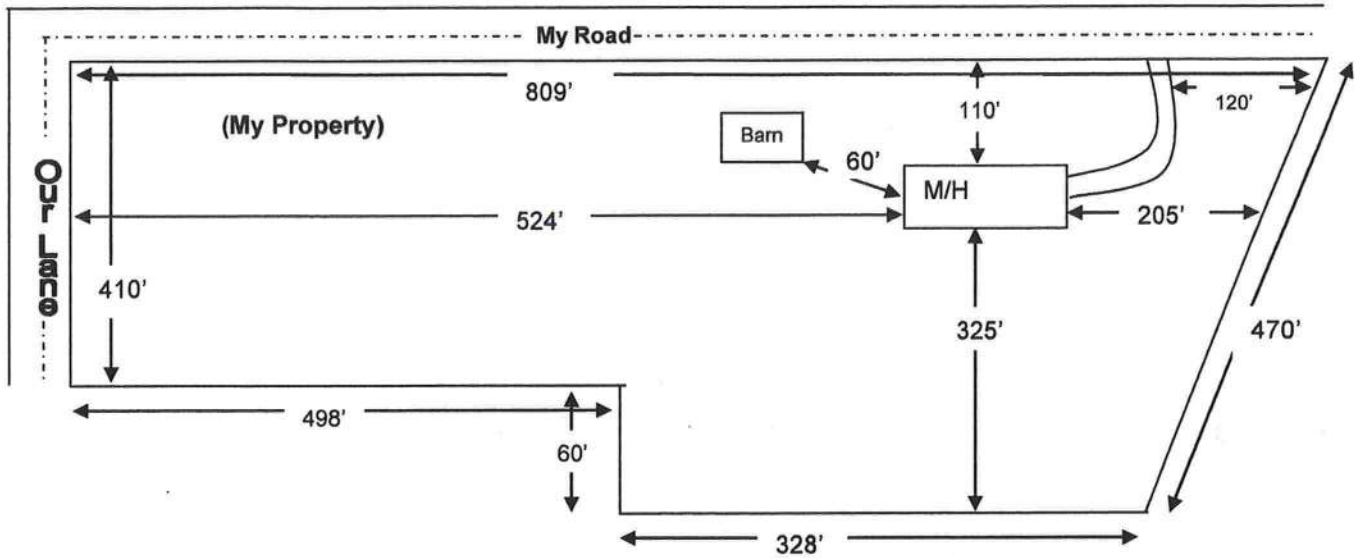
Sworn to and subscribed before me this 15 day of Feb., 20 12
by Jerry Corbett



Notary's name printed/typed

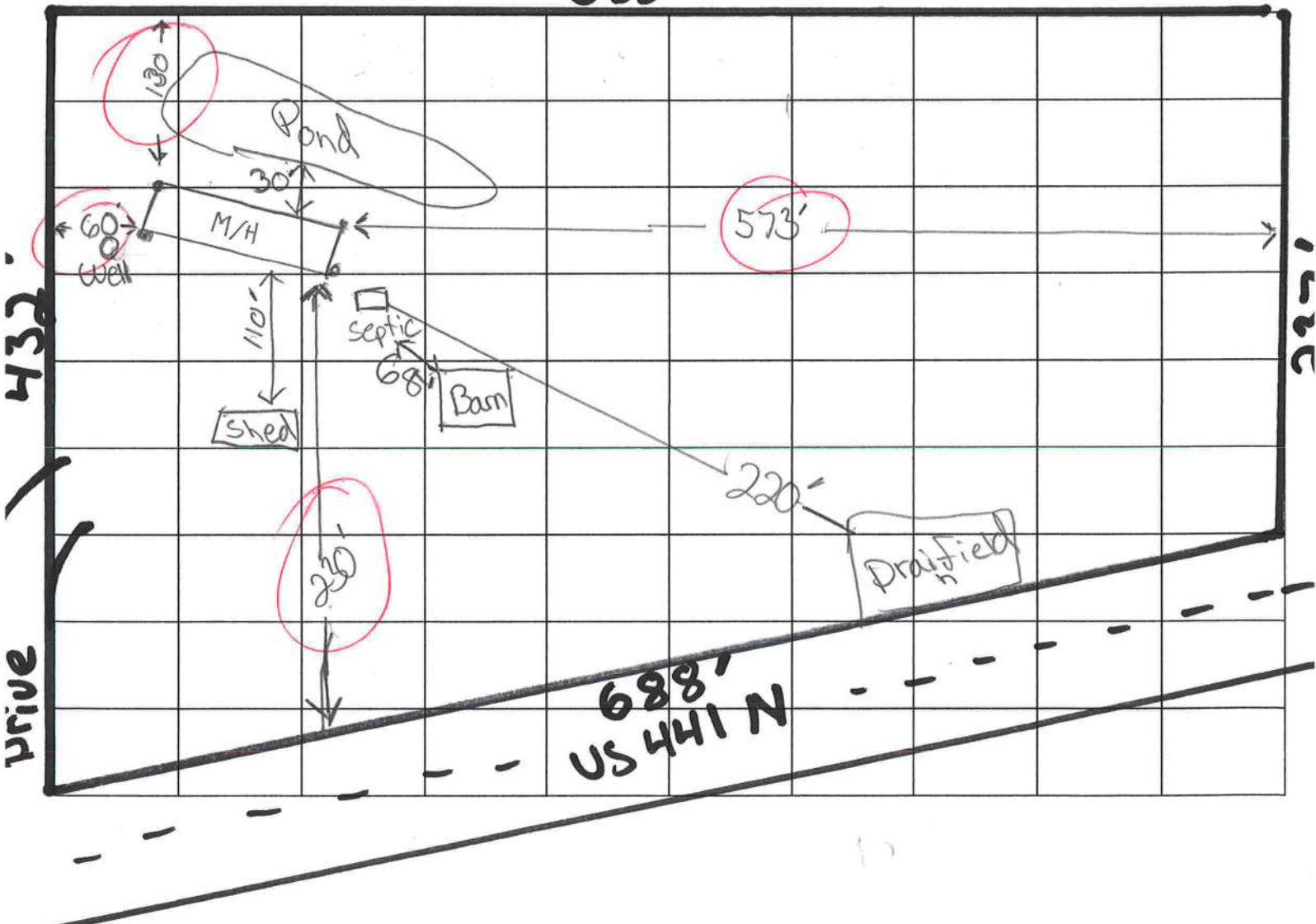
Thera A. Foster
Notary Public, State of Florida
Commission No. _____
Personally Known: ✓
Produced ID (type) _____

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.

662'





1203-39

LIMITED POWER OF ATTORNEY

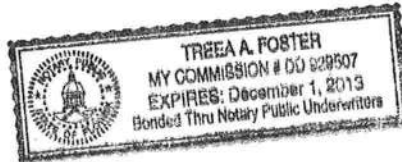
I, Jerry Corbett, do hereby authorize Kathryn Cullum to be my representative and act on my behalf in all aspects of applying for a _____ permit to be placed on my property described as: Sec 20 Twp. 1 S Rge 17 E Tax Parcel No. 20-15-17-04548-000 in Suwannee County, Florida.

Jerry Corbett
(Owner Signature)

02-14-12
(Date)

Sworn to and subscribed before me this 15 day of Feb-, 2012.

Treea A. Foster
Notary Public



My Commission expires: _____
Commission No. _____
Personally known: ☒ _____
Produced ID (Type) _____



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, Jerry Corbett, give this authority for the job address show below
Installer License Holder Name
only, 14687 N US Hwy 441, Lake City, FL 32055 and I do certify that
Job Address

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.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
<u>Kathryn Cullen</u>	<u>[Signature]</u>	☒ Agent ☐ Officer ☒ Property Owner
		☐ Agent ☐ Officer ☐ 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.

[Signature]
License Holders Signature (Notarized)

14-1025368
License Number

02/15/12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Polk

The above license holder, whose name is Jerry Corbett,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 15 day of Feb., 20 12.



(Seal/Stamp)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1203-39 CONTRACTOR TERRY CORBETT PHONE 386. 362.4948

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 <u>James Sistrunk</u> License #:	Signature <u>James Sistrunk</u> Phone #: <u>344-0713</u>
MECHANICAL/ A/C	Print Name <u>James Sistrunk</u> License #:	Signature <u>James Sistrunk</u> Phone #: <u>344-0713</u>
PLUMBING/ GAS	Print Name <u>James Sistrunk</u> License #:	Signature <u>James Sistrunk</u> Phone #: <u>344-0713</u>

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.

Contractor Forms: Subcontractor form: 1/11

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Kathryn Cullum
owner of the below described property:

Tax Parcel No. 20-15-17-04548-000

Subdivision (name, lot, block, phase)

Give my permission to James Sistrunk to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

James Sistrunk
Owner

Kathryn Cullum
Owner

SWORN AND SUBSCRIBED before me this 14 day of March,
20 12. This (these) person(s) are personally known to me or produced
ID Kathryn Cullum & James Sistrunk

June E. Law
Notary Signature Sept 22, 2012



NO 2nd REC'D - 2.24.12 (JL)

FAX MEMORANDUM**MEMORANDUM****FLORIDA DEPARTMENT OF TRANSPORTATION**

To: Columbia Co. Building Dept.
Fax No: 904-758-2160

From: Neil E. Miles, FDOT Permits Coor.
Date: 2-24-12 Fax No. 904-961-7180
Attention: In-House Staff

() Sign and return. (XX) For your files. () Please call me. () FYI () For Review

Reason for Contact. REVIEW OF EXISTING RESIDENTIAL DRIVEWAY ACCESS FOR CURRENT COMPLIANCE WITH FDOT ACCESS MANAGEMENT STANDARDS

RE: Residential Driveway Connection / Inspected On: 2-24-12

STATE ACCESS PERMIT No: NO PERMIT REQUIRED

PROJECT: Review of Existing D/W for current FDOT Compliance

PHY. ADDRESS: Not Known

PROPT. OWNER: Kathryn M. Cullum

STATE ROAD No: 47 North or US 441 North

PERMITTEE's MAILING ADDRESS: 14687 N. Hwy. 441 North Lake City, Fl. 32055

COL. COUNTY PARCEL Tax ID No: 20-15-17-04548-000

Land Owners Phone #: 386-365-8483

INSPECTION RESULTS: Existing Driveway Acceptable

Staff Member:

Our office completed a review of the above propertyowners existing access connection on 2-24-12 and the connection has passed inspection for current access management code for Residential use. After reviewing the connection, the FDOT Permits Office is satisfied that ALL required ACCESS Permit Requirements have been met and are hereby acceptable!

Please accept this notice as legal proof from our office at FDOT Permits in releasing any hold there may be for this person's planned improvements as it relates to the required Access acceptance.

If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 9617193 or 961-7180.

Sincerely,

Neil Miles

Access Permits Coordinator

It's great to have folks like you to work with, thanks again for your assistance!

D_SearchResults

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year

Parcel: 20-1S-17-04548-000

Next Lower Parcel: Next Higher Parcel:

Owner & Property Info

Owner's Name	CULLUM KATHRYN M		
Mailing Address	14687 N US HWY 441 LAKE CITY, FL 32055		
Site Address	14689 N US HIGHWAY 441		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	20117
Land Area	5.020 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W1/2 OF NW1/4 OF NE1/4 OF NE1/4, ORB 769-254 ALSO NW1/4 OF NE1/4 AS LIES N & E OF US-441 AB DESC ORD 928-2012, ORD 1180-378 & 3WD 1201-3203		

Search Result: 1 of 1



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	Ent: (1)	\$1,250.00
Ag Land Value	Ent: (1)	\$1,004.00
Building Value	Ent: (0)	\$0.00
XFOB Value	Ent: (1)	\$1,500.00
Total Appraised Value		\$3,754.00
Just Value		\$22,149.00
Class Value		\$3,754.00
Assessed Value		\$3,754.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$3,754 Other: \$3,754 Schl: \$3,754	

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

2012 Working Values

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
9/10/2010	1201/2503	WD	I	U	16	\$100.00
8/29/2001	934/220	WD	V	U	01	\$100.00
2/1/2000	926/2812	WD	V	U	01	\$600.00
2/25/1994	789/254	WD	V	Q		\$7,200.00

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)
0040	BARN, POLE	2004	\$1,500.00	0001200.000	30 x 40 x 0	AP (050.00)

Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
006200	PASTURE 3 (AG)	5.02 AC	1.00/1.00/1.00/1.00	\$200.00	\$1,004.00

SR-97N (US 99)
Just before
Thomas Honey
Rt Side
Lane Barn (Red)
2:00 PM
Today



Columbia County, Florida Building & Zoning Department

Number of pages including cover sheet: 2

Date: 2.23.12

To: DALE CRAY
Phone: 386. 961. 7146
Fax: 386. 961. 7183

From: JANICE & LAURIE
For: KATHY CULUM
Phone: 386. 365-8483
Fax: 386-758-2160

Remarks: ☐ Urgent ☒ For review ☐ ASAP ☐ Please comment

PLEASE verify existing FDOT driveway
We may call you. If so, Tell her you have
received request from us. - Thanks -
- J+L -

CONFIDENTIALITY NOTICE: This fax message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by reply e-mail and telephone immediately and destroy all copies of the original message.

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: 2/24/2012 DATE ISSUED: 2/28/2012

ENHANCED 9-1-1 ADDRESS:

14687 N US HIGHWAY 441

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

20-1S-17-04548-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

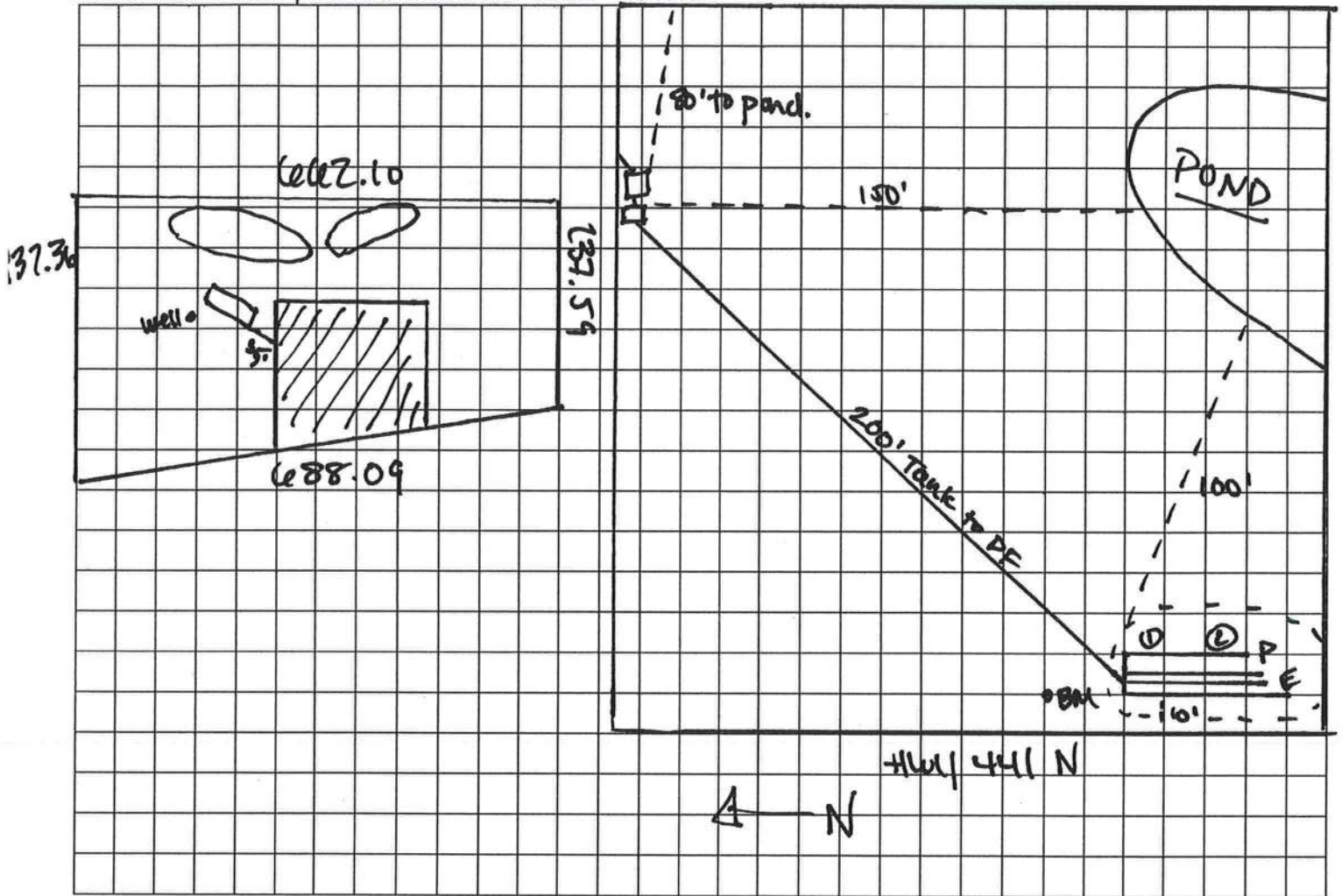
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0082M

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: well 130' from septic. 1 ac. of 5.02 shown. Tank and DF are on same acre (shown) traverse and well over outside this acre. Tank is 200' from DF.

Site Plan submitted by: SE Hedges (See attached)
Plan Approved X Not Approved _____
By [Signature] Date 3/15/12
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

000 003202303
SIBC 2/24



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

PERMIT NO. 12-0082-M
DATE PAID: 2/15/12
FEE PAID: 320.00
RECEIPT #:

12-PID-1815339
AP 1062119

APPLICATION FOR:

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

APPLICANT: Kathryn M. Cullum

AGENT:

TELEPHONE: 386-365-8483

MAILING ADDRESS: 14687 N US Hwy 441, Lake City FL 32055

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 #: 2018-17-04548-000 ZONING: Res I/M OR EQUIVALENT: [Y] [N]

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 14687 N US Hwy 441, Lake City FL 32055

DIRECTIONS TO PROPERTY: north on US Hwy 441, 11 miles North of I10 intersection on Rt. hand side. Red barn

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	<u>mobile home</u>	<u>4</u>	<u>2,432</u>	
2				
3				
4				

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

SIGNATURE: Kathryn M. Cullum

DATE: 02/14/12

ENTERED
ECSF

RECEIVED
2/15/12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1203-39

DATE RECEIVED 3/15 BY SW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME KATHRYN CULLUM PHONE _____ CELL 386.365.8483

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 991-N TO EXACTLY 11 MILES NORTH OF I-10
OVERPASS ON THE R - WITH A LED SIGN

MOBILE HOME INSTALLER Jerry Corbett PHONE 386.362.4948 CELL _____

MOBILE HOME INFORMATION

MAKE HORTON YEAR _____ SIZE 32 X 76 COLOR Tan/Burgundy

SERIAL No. H206675GLTR

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

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 / SIDING () 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 [Signature] ID NUMBER 304 DATE 3-16-12

\$50.00

Date of Payment: 3.15.12

Paid By: KATHRYN CULLUM

Notes: PLZ CALL BEFORE
GOING TO 365-8483
- KATHRYN -