CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT Looking name of who pulled it then

DATE RECEIVED 3/8/10 BY CT IS THE MO ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Patricia Lewis/Crystal PHONE 386-758-1791 CELL 386-867-1965 it wasn't Jesse

ADDRESS 287 SW Raven Lane, L.C.

MOBILE HOME PARK N/A SUBDIVISION Hi-Dri Acres, Lot 3

DRIVING DIRECTIONS TO MOBILE HOME 475, TR Raven, 2nd MH on right.

MOBILE HOME INSTALLER Jessie Cooper PHONE _____ CELL 623-7820

MOBILE HOME INFORMATION

MAKE Horton Homes YEAR 1976 SIZE 16 x 66 COLOR ~~White~~ wht + Red trim

SERIAL No. H202744G

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 _____

Paid By _____

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 OR FIXTURES MISSING

Originally permitted in March 2010 #28432 for Vinyl - 5 yr permit RAVEN

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 P WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER 402 DATE 3-9-10

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/5 BY J IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Crystal-Lewis PHONE _____ CELL 386.561.7472

ADDRESS —

MOBILE HOME PARK — SUBDIVISION Hi-Dri Acres Lot 27-4-2

DRIVING DIRECTIONS TO MOBILE HOME 47-S thru Caution Light, To Raiford, FL - 2ND PLACE ON R.

MOBILE HOME INSTALLER Robert Varrano PHONE _____ CELL 623-2203

MOBILE HOME INFORMATION

MAKE ~~HOLT~~ HOLT YEAR 1996 SIZE 16 x 80 COLOR Beige/W/Red Shutters

SERIAL No. H202744G PLEASE verify + write down W/METAL Roof

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

1405-06

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION Call Crystal to open MH @ 386.561.7472

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: Previously permitted in 2010

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE 5/7/14

1405-06

Department of Health-Vital Statistics

CC

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IS UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk, Circuit or County court appears thereon.

(STATE FILE NUMBER)

Inst: 201312014848 Date:9/30/2013 Time:11:36 AM
DC P DeWitt Cason Columbia County Page 1 of 1 B 1262 P:557

122013XX000351MLAXMX
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First Middle, Last)			2. DATE OF BIRTH (Month, Day Year)
WESTLEY DEWITT TIPTON			04/11/1988
3a. RESIDENCE CITY TOWN OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
LAKE CITY	Columbia	Florida	Texas
5a. BRIDE'S NAME (First Middle, Last)	5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month,Day Year)
CRYSTAL LEANN LEWIS	LEWIS		08/28/1989
7a. RESIDENCE - CITY TOWN OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
LAKE CITY	Columbia	Florida	Georgia

WE THE APPLICANTS NAMED IN THIS CERTIFICATE,EACH FOR HIMSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Westley Tipton	09/20/2013
11. TITLE OF OFFICIAL / Kathy Lord	12. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	▶ Kathy R Lord DC
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Crystal Lewis	09/20/2013
15. TITLE OF OFFICIAL / Kathy Lord	16. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	▶ Kathy R Lord DC

CLERK CIRCUIT COURT COLUMBIA COUNTY, FLORIDA

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
Columbia	09/20/2013	09/23/2013	11/22/2013

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
▶ P. Dewitt Cason	Clerk of the Circuit Court	Kathy Lord KAL

CLERK CIRCUIT COURT COLUMBIA COUNTY, FLORIDA

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
9/28/2013	Eastpoint

SEAL

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶ Lee Howell	501 E Bayshore Dr St George Island, FL
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Rev. Lee R. Howell	▶ Doris Carmichael
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	▶ Tiffany Baisden

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY DEATH, DIVORCE OR ANNULMENT	29c. DATE LAST MARRIAGE ENDED (Mo, Day Year)
GROOM		White	[X] NO [ ] YES	1		
	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY DEATH, DIVORCE OR ANNULMENT	33c. DATE LAST MARRIAGE ENDED (Mo, Day Year)
BRIDE		White	[X] NO [ ] YES	1		

DH Form 743, April 98 (Replaces Feb 91 edition)