PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official_____ Building Official_____

AP#_____ Date Received_____ By_____ Permit #_____

Flood Zone_____ Development Permit_____ Zoning_____ Land Use Plan Map Category_____

Comments_____

FEMA Map#_____ Elevation_____ Finished Floor_____ River_____ In Floodway_____

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH #_____ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel #_____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 06-5S-16-03480-005 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home ✓ MH Size_____ Year_____
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner Dale Houston Phone# 386-623-6522
- 911 Address 909 SW Norris Ave Lake City FL 32024
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Dale Houston Phone # 386-623-6522
  Address 136 SW Barrs Gln Lake City FL 32024
- Relationship to Property Owner _____
- Current Number of Dwellings on Property (2) - this one is replacing 1
- Lot Size_____ Total Acreage 5
- 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
- Driving Directions to the Property L on Marion, R on 90 W, L on 247 S, L on SW Norris Ave, property on L
- Name of Licensed Dealer/Installer Dale Houston Phone # 386-623-6522
- Installers Address 136 SW Barrs Gln Lake City FL 32024
- License Number IH1025142 Installation Decal # _____

Dale needs a 7 day notice

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Dale Houston PHONE _____ CELL 386-623-6522

ADDRESS Home is currently sitting at 136 SW Barrs Gln Lake City

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME L on N Marion Ave, R on US-90 W, L on 247 S, L on SW Norris Ave, L on Barrs Gln, property on R

MOBILE HOME INSTALLER Dale Houston PHONE _____ CELL 386-623-6522

MOBILE HOME INFORMATION

MAKE Redman YEAR 95 SIZE 28 X 60 COLOR _____

SERIAL No. FLA-146M10008 A/B

WIND ZONE 2 Must be wind zone II 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 _____ ID NUMBER _____ DATE _____

Manufacturer Address

REDMAN HOMES INC.
1602 INDUSTRIAL PARK DR.
PLANT CITY, FLA. 33567

Plant Number 146

Date of Manufacture	HUD Label No.(s)
10.17.95	FLA-578157 FLA-578158

Manufacturer's Serial Number and Model Unit Designation

FLA-146M10008 A/B 6434BG model 5144

Design Approval by (D.A.P.I.A.)

PFS CORP 9550 SKILLMAN 3111 DALLAS TX.

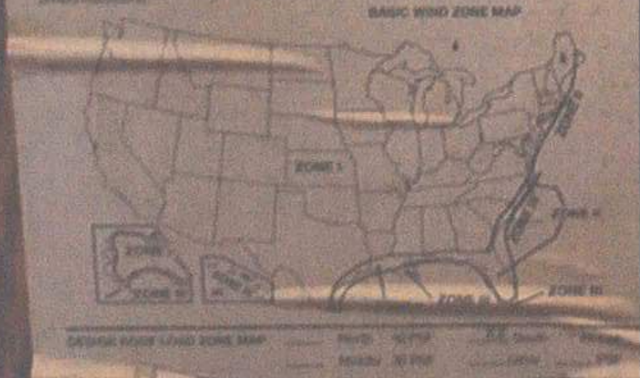
This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture. (For additional information, consult owner's manual.)

The factory installed equipment includes:

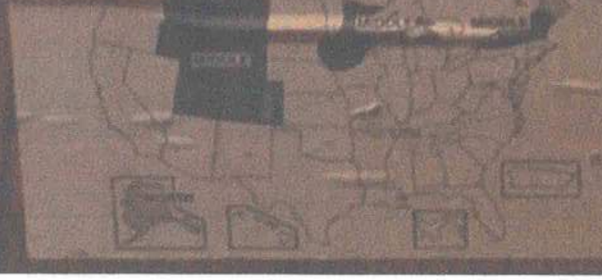
Equipment	Manufacturer	Model Designation
For heating	NOT SUPPLIED BTU/H	38,046 min
For air cooling		
For cooking	FRIGIDAIRE	MEF303FCWC
Refrigerator	FRIGIDAIRE	MRT21GNCW0
Water Heater	RHEEM	71-40S
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace	MARCO	752778

HOME CONSTRUCTED FOR ☐ Zone I ☒ Zone II ☐ Zone III

BASIC WIND ZONE MAP



DESIGN ROOF LOAD ZONE MAP



COMFORT HEATING

COMFORT COOLING

☐ Air conditioner provided at factory (Alternate I)

☒ Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

central air conditioning system of up to 38,046 B.T.U./hr.

☐ Air conditioning not recommended (Alternate III)

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	.078
Ceilings and roofs of light color	.051
Ceilings and roofs of dark color	.051
Floors	[illegible]
Air ducts in floor	.121
Air ducts in ceiling	.1151
Air ducts installed outside the home	
The following are the duct areas in this home:	
Air ducts in floor	N/A
Air ducts in ceiling	223.9
Air ducts outside the home	N/A

U/O VALUE ZONE MAP

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values
updated: 12/16/2021

Parcel: << **06-5S-16-03480-005 (17050)** >>

Aerial Viewer | Pictometery | Google Maps

Owner & Property Info

Owner	**HOUSTON DALE** **HOUSTON CYNTHIA L** 136 SW BARRS GLN LAKE CITY, FL 32024		
Site	909 SW NORRIS Ave, LAKE CITY		
Description*	S1/2 OF NW1/4 OF SE1/4 OF NW1/4. 536-592, 792-2238, 981-2795,		
Area	5 AC	S/T/R	06-5S-16
Use Code**	MOBILE HOME/M HOME (0202)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	$33,700	Mkt Land	$33,700
Ag Land	$0	Ag Land	$0
Building	$36,575	Building	$36,575
XFOB	$5,395	XFOB	$5,395
Just	$75,670	Just	$75,670
Class	$0	Class	$0
Appraised	$75,670	Appraised	$75,670
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$75,670	Assessed	$75,670
Exempt	$0	Exempt	$0
Total Taxable	county:$75,670 city:$0 other:$0 school:$75,670	Total Taxable	county:$75,670 city:$0 other:$0 school:$75,670

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/29/2003	$69,000	0981/2795	WD	I	Q	
7/8/1994	$69,000	0792/2238	WD	I	Q	
4/1/1984	$8,000	0536/0592	WD	V	Q	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1987	1512	2374	$24,655
Sketch	MOBILE HME (0800)	1987	924	1004	$11,920

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0040	BARN,POLE	1993	$2,295.00	510.00	17 x 30
0296	SHED METAL	1993	$400.00	80.00	8 x 10
0190	FPLC PF	2006	$1,200.00	1.00	0 x 0
0040	BARN,POLE	2019	$1,500.00	1.00	0 x 0

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Applicant Wiley Permit Number 86-572

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Installer AAA - 11:00 Tank Manufacturer AAA

Proper tank legend: Yes ✓ No ___ Tank material Pre cast Tank level: Yes ✓ No ___

Tanks watertight: Yes ✓ No ___ Tank size: ~~1050~~ 900 gallons ___ gallons ___ gallons

Proper talk outlet device: Yes ✓ No ___ Manhole or marker to grade: Yes ✓ No ___

Drainfield Trench				Absorption Bed
Length	Width	Length	Width	Length ___ feet x ___ feet = ___ ft²
75 feet	___ feet	___ feet	___ feet	Length ___ feet x ___ feet = ___ ft²
75 feet	___ feet	___ feet	___ feet	Proper No. drainlines: Yes ___ No ___
___ feet	___ feet	___ feet	___ feet	Proper pipe separation: Yes ___ No ___
Total = 306 ft²		Total = ___ ft²		Distribution box level: Yes ___ No ___

Systems located as permitted: Yes ✓ No ___

Systems including plumbing stub-outs installed at proper elevation: Yes ✓ No ___

Average depth to drainpipe invert from finished grade: 17 inches Maximum depth: 20 inches

Average depth of drainfield gravel: 12 inches Minimum depth of gravel: 12 inches

Proper gravel size: Yes ✓ No ___ Gravel is suitable quality: Yes ✓ No ___

Backfill or fill material as required: (Quality) Yes ✓ No ___ (Quantity) Yes ✓ No ___

Other findings: ___

Inspected by: K. M. Call Date 10-24-86

PART III - FINAL INSTALLATION APPROVAL

Date 10-24-86 Approved by: K M Call Calhoun
COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS-H Form 4016, Feb 85 (Obsolete previous editions which may not be used)
(Stock Number 5744-002-4016-0)

Page 2 of 2

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Applicant Utley Permit Number 87-096

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Installer B&H 12:00 Tank Manufacturer B&H

Proper tank legend: Yes ✓ No ___ Tank material Precast Tank level: Yes ✓ No ___

Tanks watertight: Yes ✓ No ___ Tank size: 1050 gallons ___ gallons ___ gallons

Proper talk outlet device: Yes ✓ No ___ Manhole or marker to grade: Yes ✓ No ___

Drainfield Trench				Absorption Bed
Length	Width	Length	Width	Length ___ feet x ___ feet = ___ ft²
80 feet	2 feet	___ feet	___ feet	Length ___ feet x ___ feet = ___ ft²
70 feet	2 feet	___ feet	___ feet	Proper No. drainlines: Yes ___ No ___
___ feet	___ feet	___ feet	___ feet	Proper pipe separation: Yes ___ No ___
Total = 300 ft²		Total = ___ ft²		Distribution box level: Yes ___ No ___

Systems located as permitted: Yes ✓ No ___

Systems including plumbing stub-outs installed at proper elevation: Yes ✓ No ___

Average depth to drainpipe invert from finished grade: 16 inches Maximum depth: 20 inches

Average depth of drainfield gravel: 12 inches Minimum depth of gravel: 12 inches

Proper gravel size: Yes ✓ No ___ Gravel is suitable quality: Yes ✓ No ___

Backfill or fill material as required: (Quality) Yes ✓ No ___ (Quantity) Yes ✓ No ___

Other findings: ___

Inspected by: K Mitchell Date 3-23-87

PART III - FINAL INSTALLATION APPROVAL

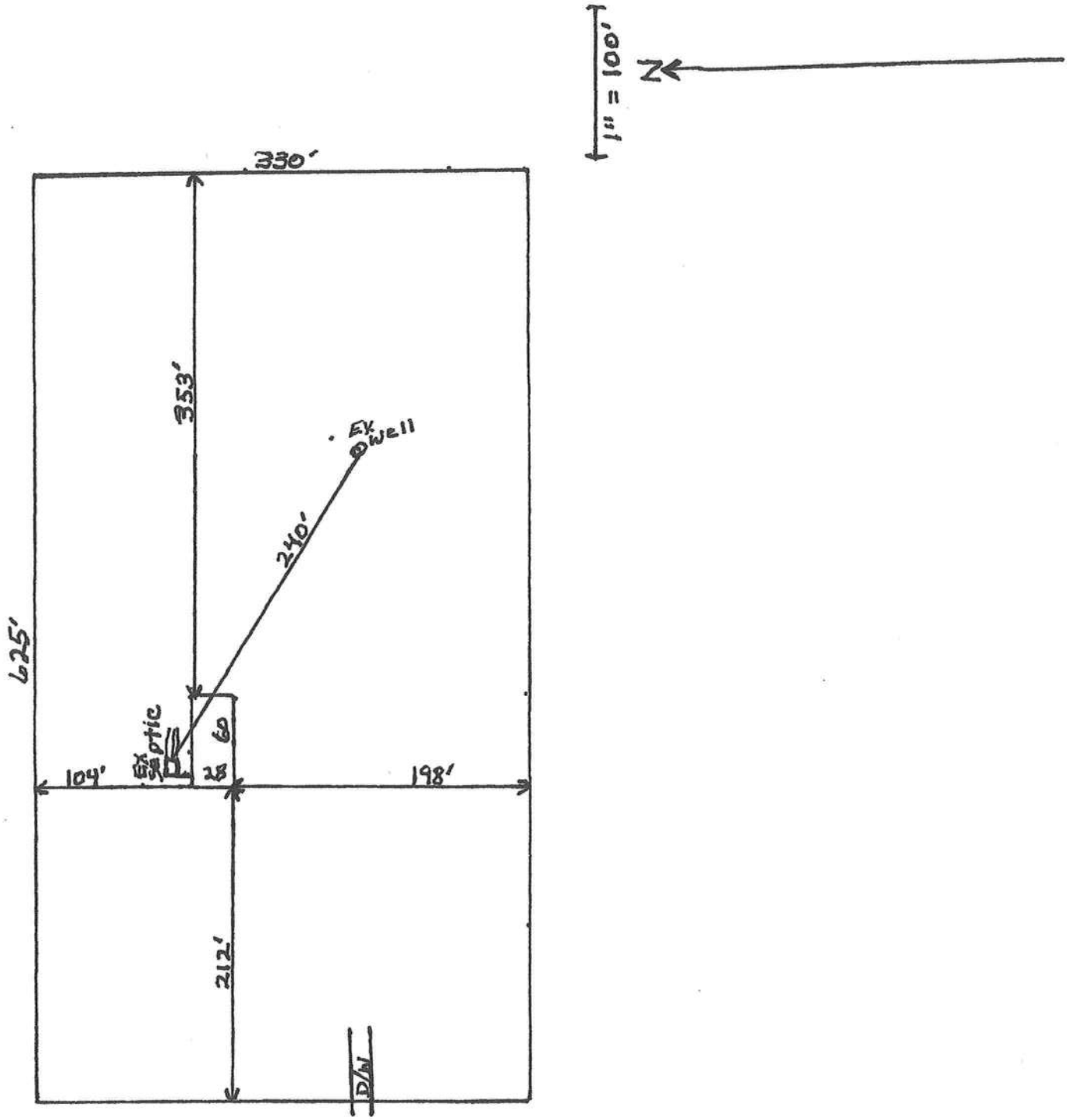
Date 3-23-87 Approved by: K Mitchell Columbus
COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS-H Form 4010, Feb 83 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-002-4010-0)

Page 2 of 2



909 SW Norris Ave

Houston

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Dale Houston PHONE 386-623-652

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 Dale Houston Signature Dale Houston License #: _____ Phone #: 386-623-6522 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Dale Houston Signature Dale Houston License #: _____ Phone #: _____ Qualifier Form Attached ☐

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.

Revised 4/27/2017

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, Dale Houston (Installer License Holder Name), give this authority for the job address show below only, 909 SW Norris Ave Lake City (Job Address), 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.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is… (Check one)
Sonya North	Sonya North	✓ Agent ___ Officer ___ Property Owner
Dylan Hinson		___ 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.

Dale Houston — License Holders Signature (Notarized)
IH0025142 — License Number
12/28/21 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Dale Houston, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 28th day of December, 20 21.

Linda Ruth Craft
NOTARY'S SIGNATURE

Notary Public State of Florida
Linda Ruth Craft
My Commission HH 041629
Expires 09/13/2024

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 AGENT AUTHORIZATION

I, Dale Houston ,give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Sonya North	Sonya North	
Dylan Hinson		

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.

Dale Houston — License Holders Signature (Notarized)
IH0295142 — License Number
12/28/21 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Dale Houston, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 28th day of December, 20 21.

Linda Ruth Craft
NOTARY'S SIGNATURE

Notary Public State of Florida
Linda Ruth Craft
My Commission HH 041629
Expires 09/13/2024

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Dale Houston License # IH1025142

Address of home being installed 909 SW Norris Ave
Lake City FL 32024

Manufacturer Redman Homes Length x width _____

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 # 85155

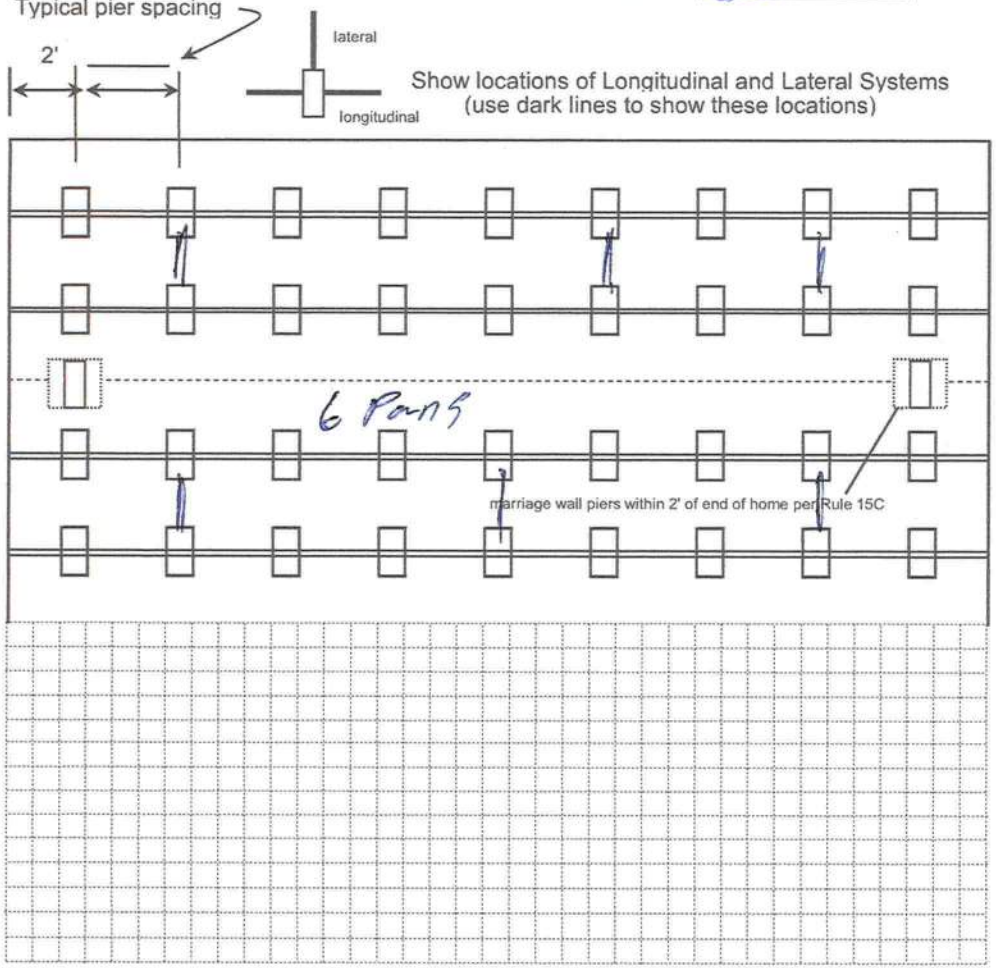
Triple/Quad ☐ Serial # FLA-1460M10008 A/B

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 DH

Typical pier spacing



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

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 17x25

Perimeter pier pad size 17x22

Other pier pad sizes (required by the mfg.) _____

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
_____	17x25
_____	_____
_____	_____

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	2
Longitudinal	6
Marriage wall	2
Shearwall	4

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

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. 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.

DH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested 12/27/21

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.

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: Lags	Length: 6"	Spacing: 18"
Walls:	Type Fastener: "	Length: "	Spacing: "
Roof:	Type Fastener: "	Length: "	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
Pg. _____

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

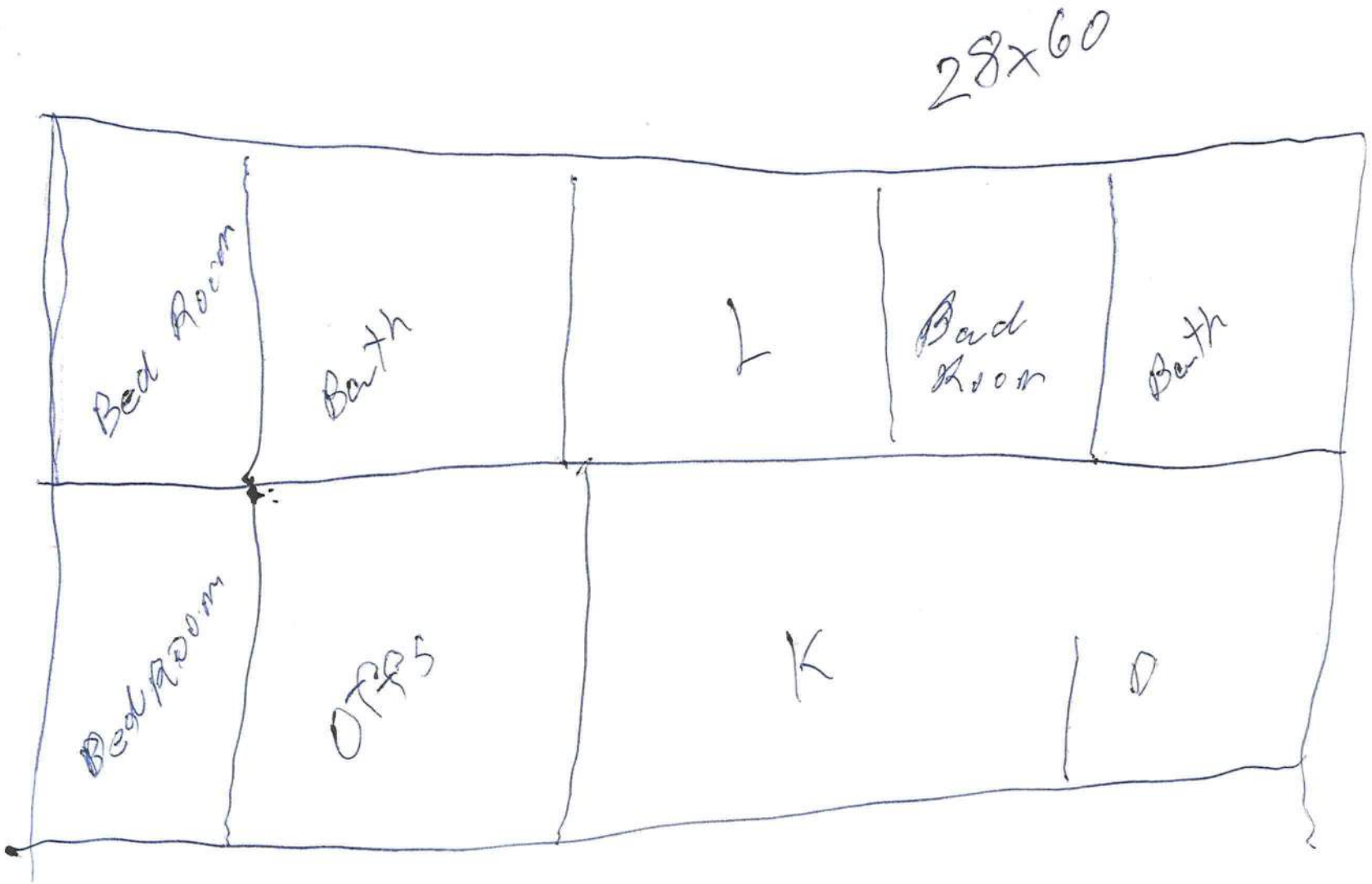
The bottomboard will be repaired and/or taped. Yes ✓. Pg. _____
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

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 Dale Houston Date _____


28x60
Bed Room
Bath
L
Bed Room
Bath
Bedroom
OPEN
K
D
3/2