

1403-21

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/24/14 BY UH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME James Minscic PHONE _____ CELL 365-0020

ADDRESS 6049 SW Old Wire Rd Fort White FL 32038

MOBILE HOME PARK _____ SUBDIVISION North Cross Roads Harco. Lot 10

DRIVING DIRECTIONS TO MOBILE HOME 475, (2) Walter Ave, Cross CR-240 to
Old Wire Rd, go until pavement ends then
2nd place on (2) White w/ Black Shutters

MOBILE HOME INSTALLER Paul Albright PHONE _____ CELL 365-5314

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 97 SIZE 70 x 14 COLOR White

SERIAL No. GAFLV39A 08613VZ1

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 _____ DATE 3/26/14

Out of County in file.

License Number IH / 1025239 / 1 Name: PAUL E. ALBRIGHT

Order # 1306	Label # 18514	Manufacturer:	<i>Fleetwood</i>
Homeowner:	<i>James E. Albright</i>	Year Model:	<i>1997</i>
Address		Length & Width:	<i>14 X 70</i>
City/State/Zip:		Type Longitudinal System:	
Phone #		Type Lateral Arm System:	<i>6</i>
Date Installed:		New Home: <input type="checkbox"/> Used Home: <input checked="" type="checkbox"/>	
Installed Wind Zone:	<i>2</i>	Data Plate Wind Zone:	
Note:		(Check Size of Home) Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/>	
		HUD Label #	
		Soil Bearing / PSF	<i>1300</i>
		Torque Probe / in-lbs:	<i>285</i>
		Permit #	

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL
18514
PAUL E. ALBRIGHT
DATE OF INSTALLATION
1306
IH / 1025239 / 1
ORDER #
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME
IS IN ACCORDANCE WITH FLORIDA STATUTES 200.8249
200.825 AND RULES OF THE HIGHWAY SAFETY AND MOTOR
VEHICLES

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2
YEARS. YOU ARE REQUIRED
TO PROVIDE COPIES WHEN
REQUESTED.

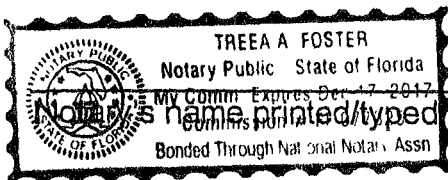
AFFIDAVIT

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: JAMES MINISALL & Lynne Ebenhardt
Property ID: Sec: 11 Twp: 6S Rge: 16 Tax Parcel No: 03816-110
Lot: _____ Block: _____ Subdivision: _____
Mobile Home Year/Make: 1997 Fleet Size: 14x70

Paul E. Albright
Signature of Mobile Home Installer

Sworn to and subscribed before me this 24 day of Feb., 2014
by Paul Albright



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