DATE 11/14/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029767

APPLICANT MIKE COX PHONE 386-623-4218

ADDRESS 466 SW DEPUTY J DAVIS LN LAKE CITY FL 32024

OWNER TOMMY LEE WHITE PHONE 755-7165

ADDRESS 1629 NE BASCOM NORRIS DR LAKE CITY FL ~~3055~~ 32055

CONTRACTOR RUSTY KNOWLES PHONE 755-6441

LOCATION OF PROPERTY 441 NORTH, R BASCOM NORRIS DR, PRPERTY ON RIGHT ACROSS FROM NE BUDDY AVE & NE ROSS TERR

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING RSF/MH-2 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 28-3S-17-05719-000 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 5.00

_____ _____ IH1038219 _____

Culvert Permit No. | Culvert Waiver | Contractor's License Number | Applicant/Owner/Contractor

EXISTING 11-0429 BK RJ N

Driveway Connection | Septic Tank Number | LU & Zoning checked by | Approved for Issuance | New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

REPLACING EXISTING MH

Check # or Cash 32239

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ date/app. by

Foundation _____ date/app. by

Monolithic _____ date/app. by (footer/Slab)

Under slab rough-in plumbing _____ date/app. by

Slab _____ date/app. by

Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by

Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by

Peri. beam (Lintel) _____ date/app. by

Pool _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by

RV _____ date/app. by

Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

INSPECTORS OFFICE _____ CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 09 Nov 2011 Building Official

AP# 1111-08 Date Received 11-7-11 By CH Permit # 29767

Flood Zone X Development Permit N/A Zoning RSF/MH-2 Land Use Plan Map Category RES. Low DEN.

Comments

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

☑ Site Plan with Setbacks Shown ☑ EH # 11-0429 ☐ EH Release ☐ Well letter ☑ Existing well City Water

☑ 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 paid

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

Property ID # 28-3S-17-05719-000 Subdivision N/A

- New Mobile Home ____ Used Mobile Home X MH Size 28X56 Year 1999
- Applicant Freedom Homes Mike Cox Phone # 386-623-4218
- Address 466 Sid Dupree J. Davis Ln Lake City, Fl 32024
- Name of Property Owner Tommy Lee White Phone# 386-755-7165
- 911 Address 1629 NE Bascom Norris Dr. 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 Tommy Lee White Phone # 386-365-9060
  Address 1629 NE Bascom Norris Dr. Lake City, Fl 32055
- Relationship to Property Owner Same
- Current Number of Dwellings on Property ONE
- Lot Size N/A Total Acreage 5-Acres
- 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 441 North TO Bascom Norris Drive Turn Right, on (R) across from NE Buddy Ave and NE Rose Terr
- Name of Licensed Dealer/Installer Rusty L. Knowles Phone # 386-755-6441
- Installers Address 5801 SW SR 47 Lake City Fl 32024
  - License Number IH-1038219 Installation Decal # 8320

$375.00 ck# 32239

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Rusty L. Knowles License # EH-1038219

911 Address where home is being installed. _____

Manufacturer Homes SLAD Length x width 28 x 52 Box

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 RK

(726)

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

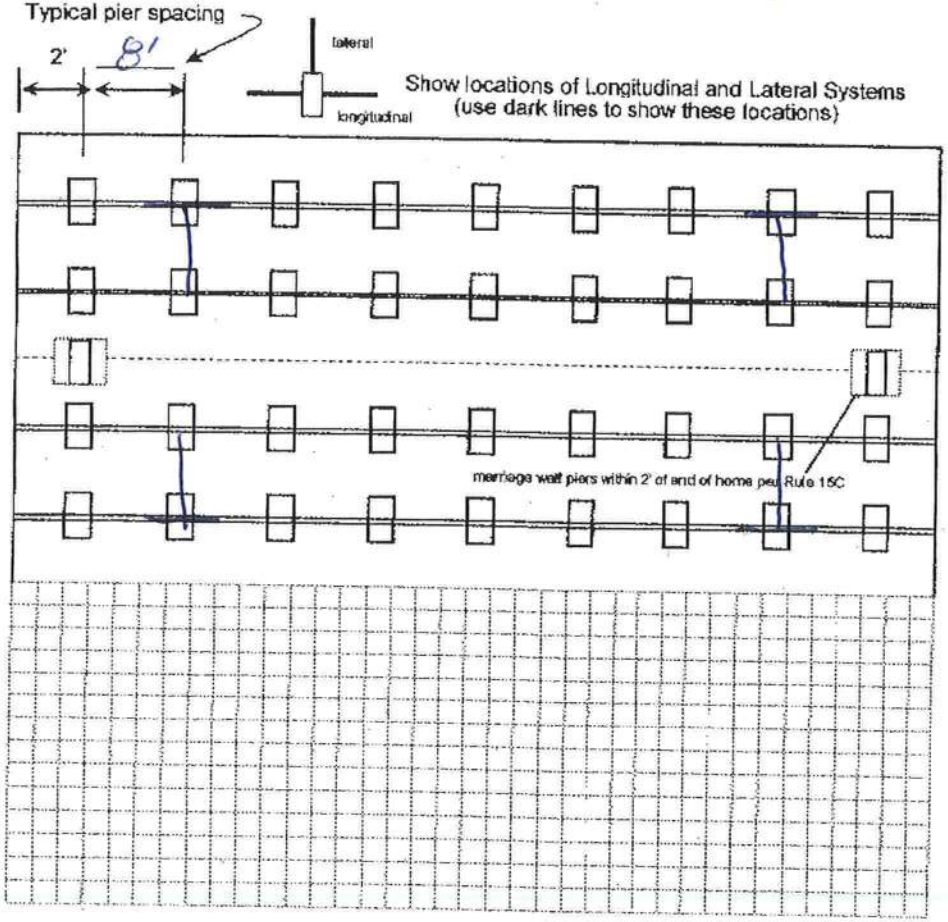
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 8320

Triple/Quad ☐ Serial # 14504

Typical pier spacing



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 23¼ x 31¼

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16x16

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
16'	24x24

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 Olive Technology

OTHER TIES

	Number
Sidewall	29
Longitudinal	4
Marriage wall	2 min
Shearwall	2 min

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 1.0 X 1.0 X 1.0

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 1.0 X 1.0 X 1.0

TORQUE PROBE TEST

The results of the torque probe test is NA missing 1101V 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.

RC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Knowles

Date Tested 10-10-11

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: LAGS	Length: 6"	Spacing: 20"
Walls:	Type Fastener: SCREWS	Length: 4"	Spacing: 24"
Roof:	Type Fastener: STAPLS	Length: 1¾ NAIL	Spacing: 48"

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 RIC

Type gasket Roll Foam Pg. 15C-1

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

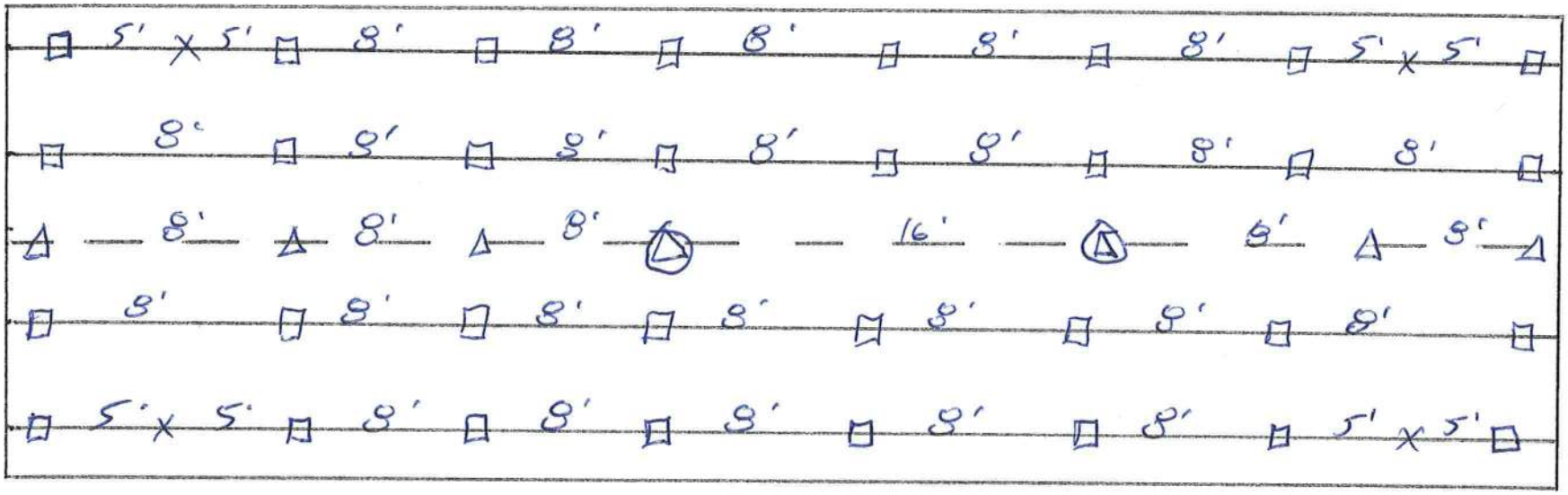
Miscellaneous

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 _____ **Date** 10-10-11

28x52 Box 1999 Ser # 14504
Home stead home



X - 4 1101 V All steel foundations from oliver technology

□ - I Beam piers 8' oc using 23¼ x 31¼ Abs pads

△ - center line pier 8' oc using 16 x 16 Abs pads

Ⓐ - 2 center line pier 24 x 24 on opening

Return to (enclose self-addressed stamped envelope)
Name: Norwest Financial Florida, Inc
Address: 1424 S First St
Lake City, Fl, 32025

This Instrument Prepared by
Name: Tommie Lee White
Address: Rt 7 Box 650
Lake City, FL, 32055

Property Appraisers Parcel Identification: 3-3-35-17990/9900

Folio Number(s)

Grantee(s) S S # (s)

QUIT CLAIM DEED

RAMCO FORM 6

95-14308

FILED AND RECORDED IN PUBLIC RECORDS OF COLUMBIA COUNTY, FL
1995 NOV -6 AM 10:48
P. DeWitt Cason
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY _____ D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA — SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, *Executed the* 3 *day of* November, *19* 95, *by* Tommie Lee White a married person and Yvonne C White a married person, *first party, to* Tommie Lee White, a married person, *whose post office address is* Rt 7 Box 650 Lake City, Fl 32055, *second party.*

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, *That the first party, for and in consideration of the sum of $* 10.00 *in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of* Columbia, *State of* Florida, *to-wit:*

E 1/2 of SW 1/4 of SE 1/4 in Section 28, Township 3 South, Range 17 East, containing 5 acres more or less

0813 PG0165

OFFICIAL RECORDS

DOCUMENTARY STAMP .70
INTANGIBLE TAX
P. DeWITT CASON, CLERK OF COURTS, COLUMBIA COUNTY
BY _____ D.C.

To Have and to Hold *The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.*

In Witness Whereof, *the said first party has signed and sealed these presents the day and year first above written.*

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor)

Printed Name

Witness Signature (as to first Grantor)

Printed Name: Britishtine Duffer

Witness Signature (as to Co-Grantor, if any)

Printed Name: MOSE HAWKINS

Witness Signature (as to Co-Grantor, if any)

Printed Name: Mose Hawkins

Tommie Lee White (L.S.)
Grantor Signature
Printed Name: Tommie Lee White
Post Office Address: Rt 7 Box 650 Lake City, Fl, 32055

Yvonne C. White (L.S.)
Co-Grantor Signature, (if any)
Printed Name: Yvonne C White
Post Office Address: Rt 7 Box 650 Lake City, FL, 32055

STATE OF Florida)
COUNTY OF Columbia)

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Tommie Lee White and Yvonne C White known to me to be the person S described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, and an oath was not taken. (Check one:) ☐ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification: _____

NOTARY RUBBER STAMP SEAL

WILLIS O. COOPER
MY COMMISSION # CC 256982
EXPIRES: February 3, 1997
Bonded Thru Notary Public Underwriters

Witness my hand and official seal in the County and State last aforesaid this 6 day of November A.D. 1995.

Willis O. Cooper
Notary Signature
Willis O. Cooper
Printed Name

fax: 752-4757

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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.

Checked 10-13-11 LH
dk
dk 950

ELECTRICAL 358	Print Name MICHAEL A. BOLAND	Signature [signature]
	License #: ES12000671	Phone #: 850-576-5113
MECHANICAL/ A/C B	Print Name MICHAEL A. BOLAND	Signature [signature]
	License #: CAC1816480	Phone #: 850-576-5113
PLUMBING/ GAS	Print Name Rusty L. Knowles	Signature [signature]
	License #: IH-1038219	Phone #: 386-755-6441

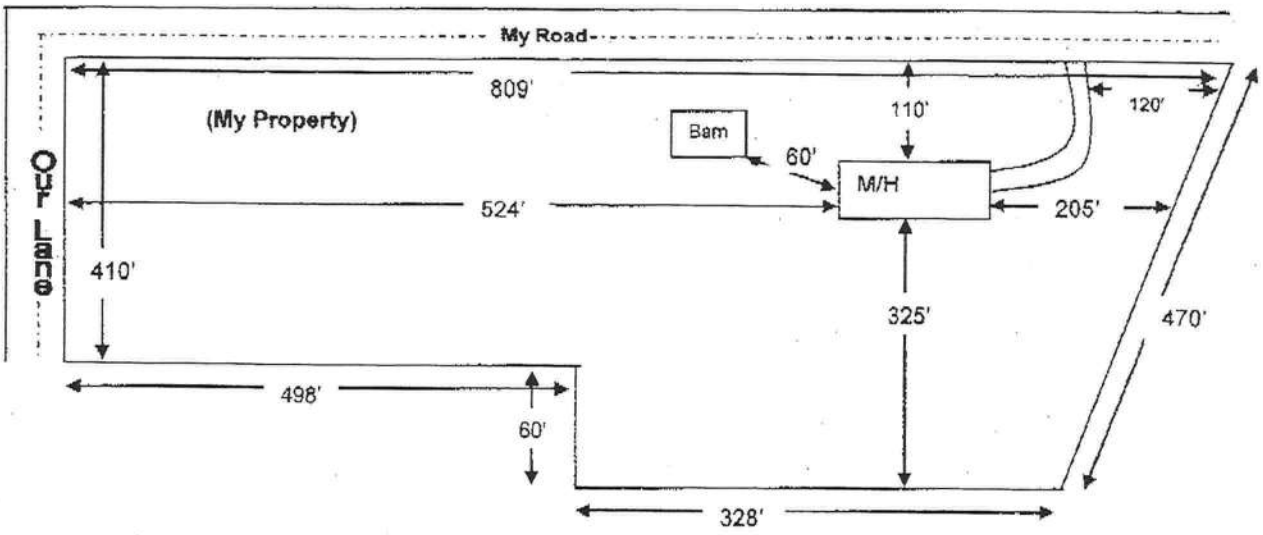
Type of Work Licensed	License Number	Sub Contractors Printed Name	Sub Contractors Signature
MASON			
CONCRETE FINISHER			

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.

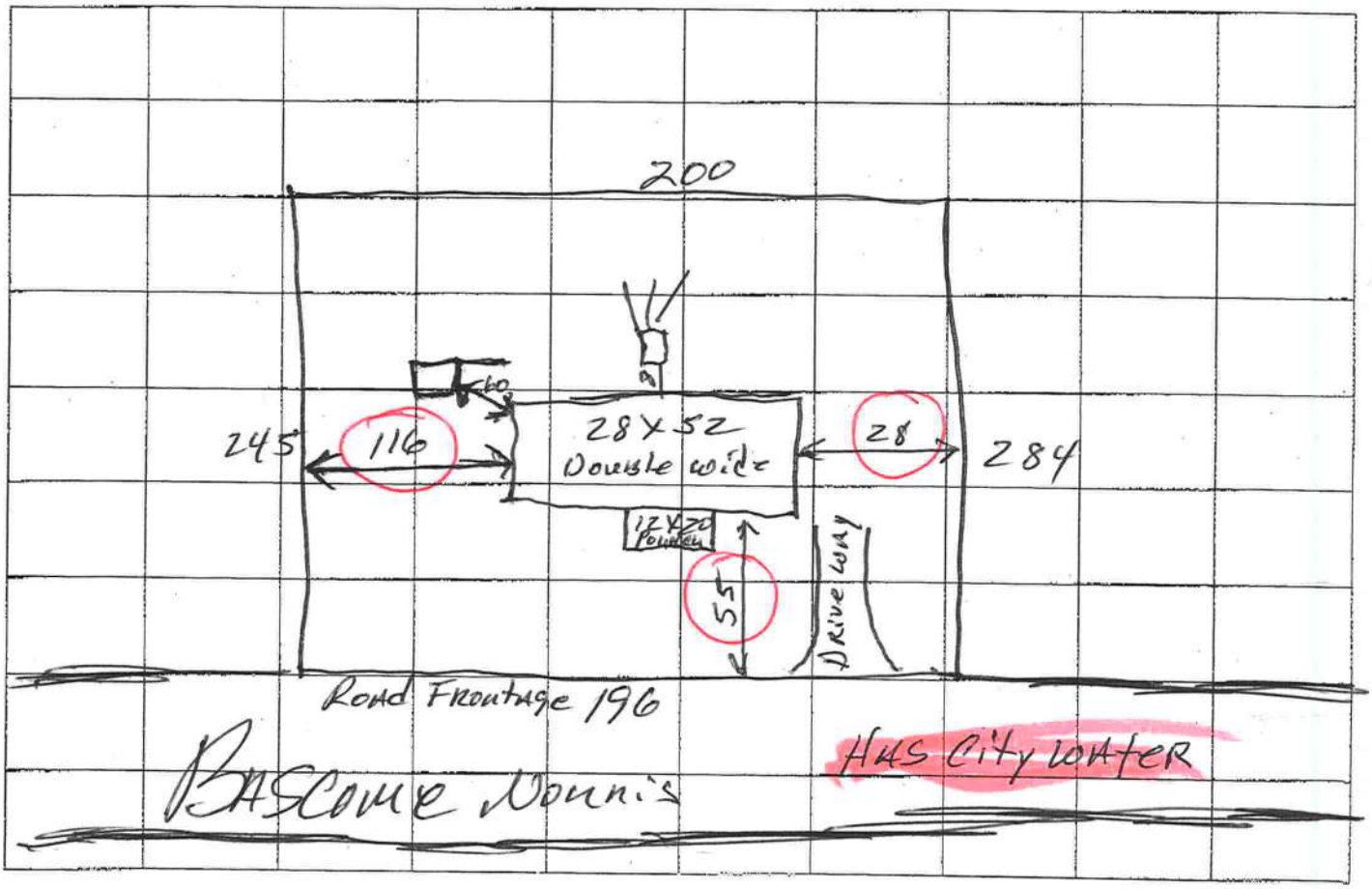
Contractor Portion Subcontractor Portion 1/11

Mike fill out and FAX
BACK, Do Elec. & A/C
Thanks.
Mike
Cox

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.



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: 10/17/2011 **DATE ISSUED:** 10/25/2011

ENHANCED 9-1-1 ADDRESS:

1629 NE BASCOM NORRIS DR

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

28-3S-17-05719-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT 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.

2102

08-04-10.09:24PM

11-0429

PERMIT NO. 1042980
DATE PAID: 10/13/11
FEE PAID: 210.00
RECEIPT #: 1768450

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

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

APPLICANT: Tommie Lee White

AGENT: Robert Ford NFST Inc TELEPHONE: 755-6372

MAILING ADDRESS: 580 NW Gwendow Rd LC Fla 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: 1 BLOCK: 1 SUBDIVISION: Meet & Bounds PLATTED: _____

PROPERTY ID #: 28-35-17-05719-000 ZONING: MH I/M OR EQUIVALENT: [Y / (N)

PROPERTY SIZE: 5.00 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [X]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 1629 NE Bascom Norris Dr.

DIRECTIONS TO PROPERTY: Hwy 441 North to Basom Norris Dr TR Follow to Property on left

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	M/H used	3	28x56 1568	
2				
3				
4				

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

SIGNATURE: Robert W Ford Jr DATE: 10/11/11

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

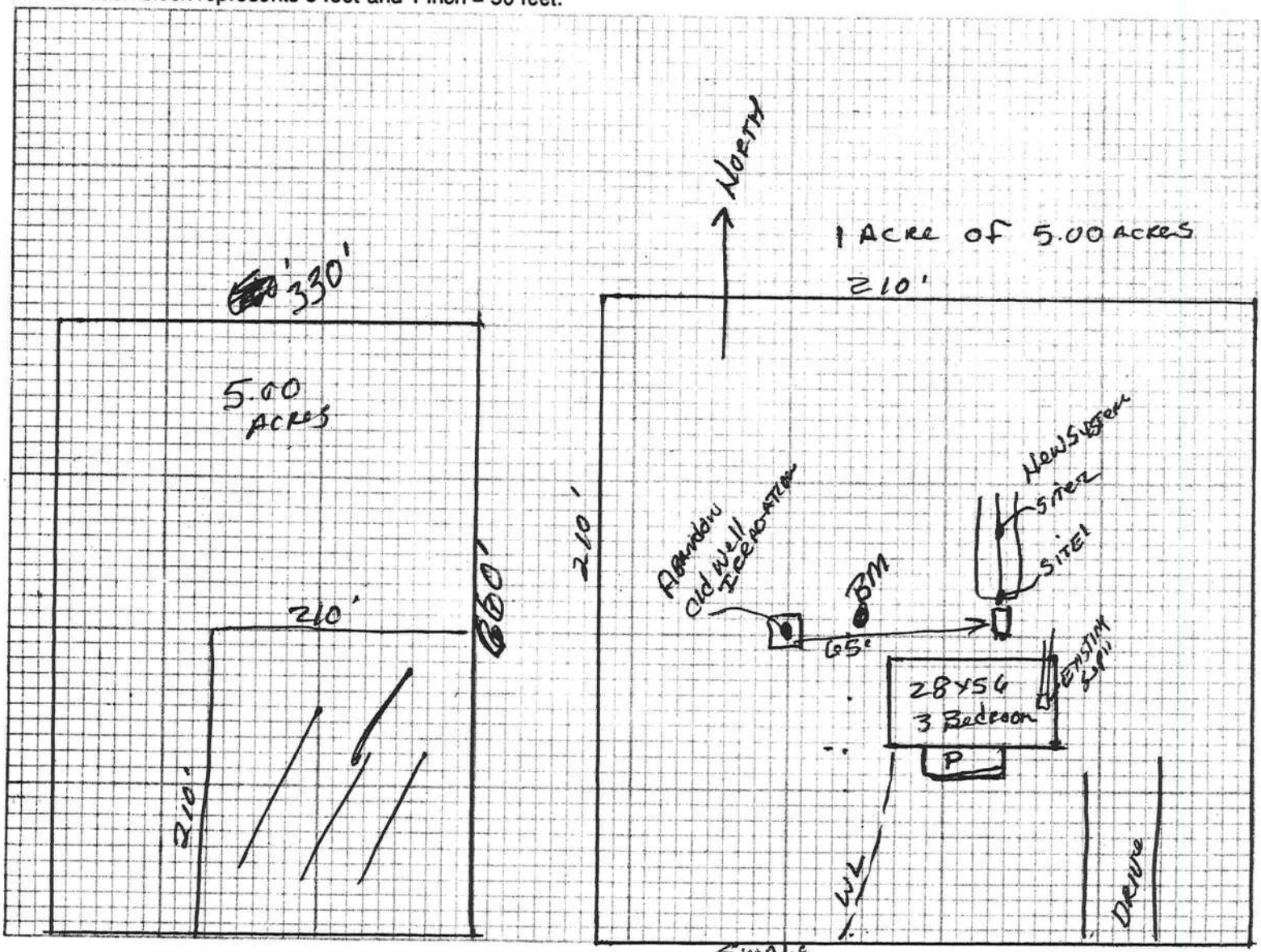
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0429

PART II - SITE PLAN

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



Notes:

Tommie Lee White

5.00 ACRES

05719-000

Site Plan submitted by: Robert W Ford Jr (Signature) Agent (Title)

Plan Approved ✓ Not Approved ____ Date 10/17/11

By Sallie Ford Env Health Director. Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1111 - 38

DATE RECEIVED 11-7-11 BY CH IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Tammy White PHONE _____ CELL 623-4218

ADDRESS _____

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 441 N, (R) Boscom Norris Dr, property on (R) Across from NE Buddy Ave and NE Ross Terr.

MOBILE HOME INSTALLER Rusty Knowles PHONE 755-6441 CELL _____

MOBILE HOME INFORMATION

MAKE Homestead YEAR 99 SIZE 28 X 52 COLOR White

SERIAL No. 14504

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: 11-7-11

Paid By: Freedom Homes

Notes: Call Mike Cox @ 623-4218 - He can take you to mH, if needed.

- ✓ 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 [signature] ID NUMBER 402 DATE 11-10-11

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 28-3S-17-05719-000 **Building permit No.** 000029767

Permit Holder RUSTY KNOWLES

Owner of Building TOMMY LEE WHITE

Location: 1629 NE BASCOM NORRIS DRIVE, LAKE CITY, FL 32055

Date: 02/27/2012

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)