

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LN Building Official ZMS

AP# 1809-08 Date Received 9-6-18 By LH Permit # 37272

Flood Zone X500 Development Permit _____ Zoning ESA-2 Land Use Plan Map Category A

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 2 above dirt River _____ In Floodway _____

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☐ EH # 18-0762 ☐ 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 owed ☒ Out County ☒ In County ☒ Sub VF Form

Property ID # Parcel # 00-00-00-01107-000 Subdivision Three Rivers Estates Lot# 115 Unit 18

- New Mobile Home _____ Used Mobile Home ☒ MH Size 24X44 Year 1987
- Applicant Debra Martin Phone # 813-525-1811
- Address 2905 S.W. Fry Ave Ft White FL 32038
- Name of Property Owner Debra Martin Phone# 813-525-1811
- 911 Address 771 SW Nebraska Terrace, Ft White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Debra Martin Phone # 813-525-1811
Address 2905 S.W. Fry Ave Ft White, FL 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property None
- Lot Size .92 Acre Total Acreage 1
- 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
- Driving Directions to the Property From US-27 Turn onto SW Riverside Ave. in 250' Turn Left onto Utah pkwy .02 miles Turn right onto Washington Blvd .04 mile turn left onto SW Nebraska Terrace 771
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 623 7716
- Installers Address 1004 SW Oak St Ft White FL 32024
- License Number ZH102514511 Installation Decal # 48280

LH - Spoke to Debra 9-11-18 to have Ronnie bring the w/H onto the lot.

LH - 9-11-18 I could not leave message for Ronnie Van-Pull - spoke to Ronnie 9/11/18

\$409.41

LH - Left a message 7-24-18 for Mrs. Martin

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

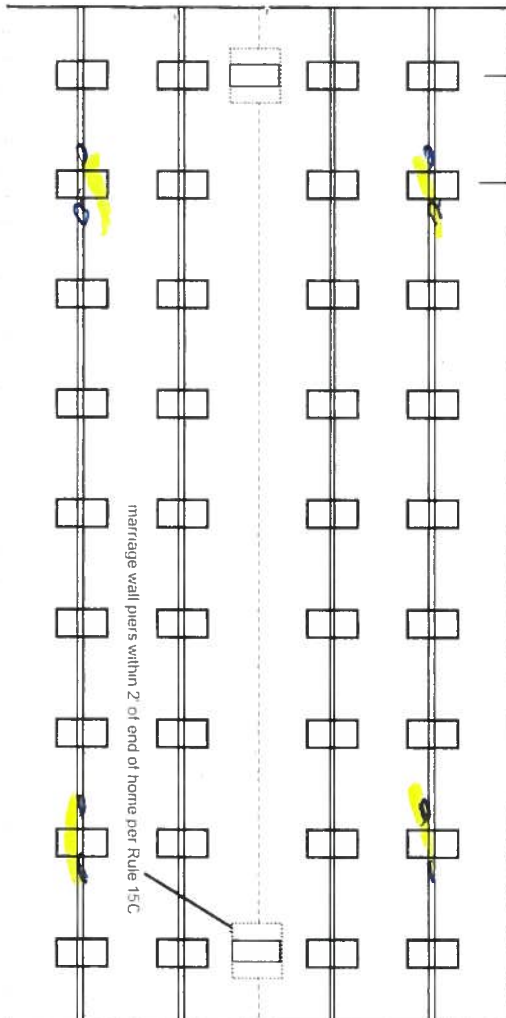
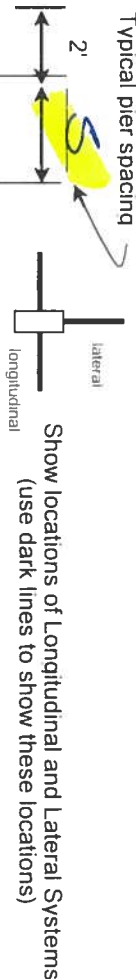
Installer: Ronnie Norris License # 1H10051451

Address of home being installed: _____

Manufacturer: Fleetwood Length x width: 24x48

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: AN



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 # FL6424650

Triple/Quad ☐ Serial # 48280 308629

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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: 12x25
Perimeter pier pad size: 12x12
Other pier pad sizes (required by the mfg.): 12x12

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: 8 Pier pad size: 17x25

4 16x16

7 16x16

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer: _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: _____

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

OTHER TIES

Sidewall: 22
Longitudinal: 4
Marriage wall: 4
Shearwall: 12

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

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 64. 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.

Installer's initials JS

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Donny Am

Date Tested

6-28-018

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 4x Length: 6 Spacing: 24
Walls: Type Fastener 4x Length: 6 Spacing: 16
Roof: Type Fastener 4x Length: 6 Spacing: 24
For used homes 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 JS

Type gasket Pg. _____

JS

Installed:

Between Floors Yes JS

Between Walls Yes JS

Bottom of ridgebeam Yes JS

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

Donny Am

Date

6-28-018



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronnie Norris PHONE 386.623.7716

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

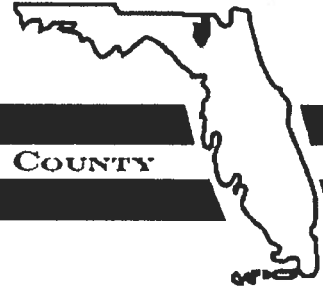
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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>DEBRA MARTIN</u> License #: <u>OWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Debra Martin</u> Phone #: <u>813 525 1811</u>
MECHANICAL/ A/C 	Print Name <u>DEBRA MARTIN</u> License #: <u>OWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Debra Martin</u> Phone #: <u>813-525-1811</u>

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.

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **8/27/2018 4:40:26 PM**
Address: **771 SW NEBRASKA Ter**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **01107-000**

REMARKS: Address Verification.

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

Address Issued By: **Signed:/ Matt Crews**

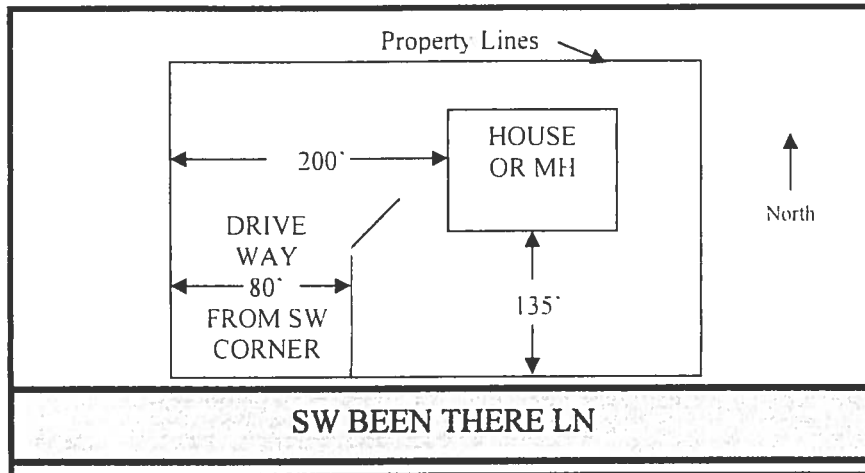
Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

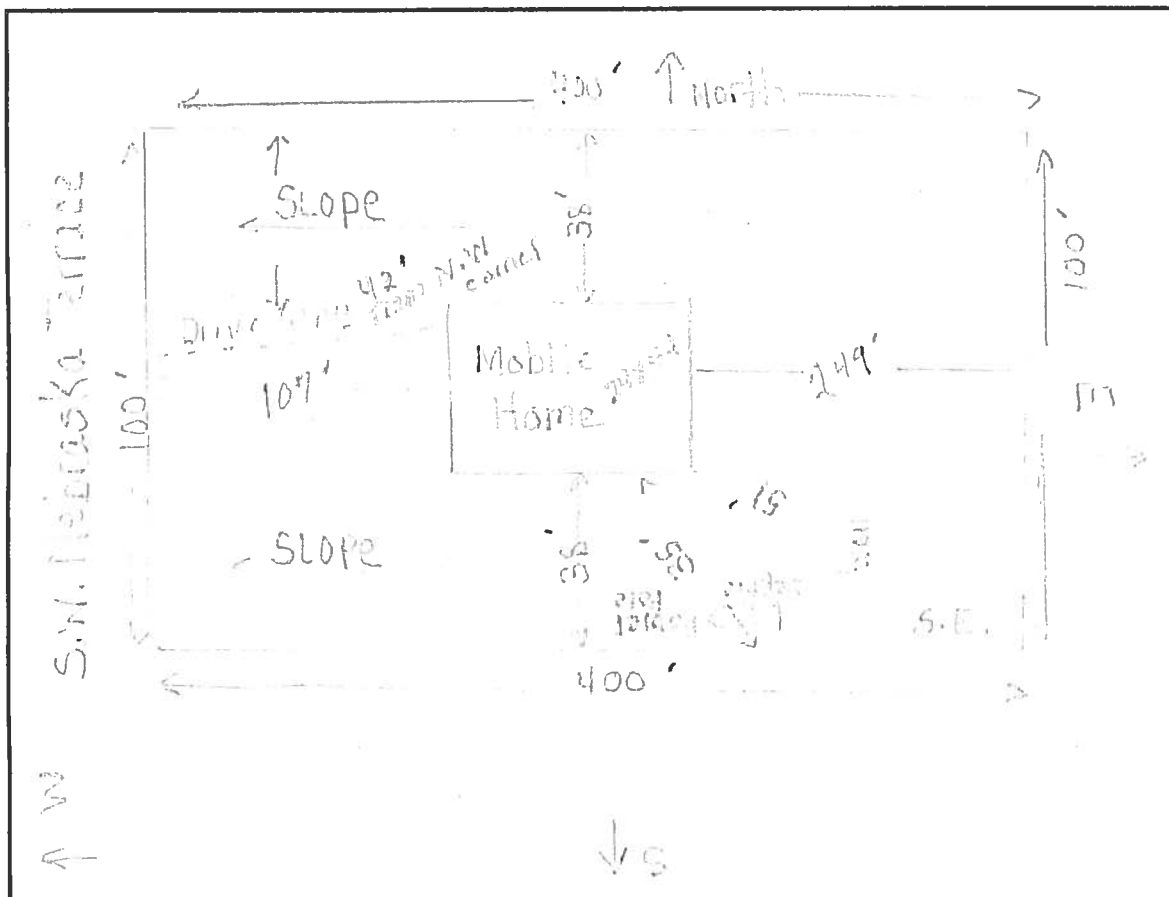
263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



Prepared by and Return to:
Crystal L. Curran, an employee of
Alachua Title Services, LLC,
16407 N.W. 174th Drive, Suite C
Alachua, Florida 32615
386-418-8183

File Number:18-186

Warranty Deed

Made on June 22, 2018 A.D. by and between **Diane R. Lewis, a married woman**, whose address is 14306 NW 154th Terrace, Alachua, Florida 32615, hereinafter called the "grantor", to **Debra Martin**, whose post office address is 2905 SW Fry Ave, Fort White, Florida 32038, hereinafter called the "grantee":

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations).

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Columbia County, Florida**, to-wit:

Lot 115, Three Rivers Estates Unit No. 18, according to the map or plat thereof, as recorded in Plat Book 6, Page(s) 12, of the Public Records of Columbia County, Florida.

Grantor, Diane R. Lewis, warrants that this is not her homestead property nor is it contiguous to her homestead property.

Parcel Identification Number: 00-00-00-01107-000

Subject to covenants, conditions, restrictions and easements of record.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2017.

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

Signed, sealed and delivered in the presence of these witnesses:

Witness Signature

Print Name: KYLE POLANSKY

Witness Signature

Print Name: Crystal L. Curran

Diane R. Lewis

14306 NW 154th Terrace, Alachua, Florida 32615

State of Florida
County of Alachua

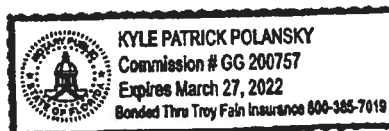
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me on June 22, 2018, by Diane R. Lewis, who has produced a valid driver's license as identification.

NOTARY PUBLIC

KYLE POLANSKY

Notary Print Name

My Commission Expires: 03/27/2022





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, RONNIE NORRIS give this authority for the job address show below
Installer License Holder Name

only 771 SW Nebraska Terr, Ft. White FL 32038 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)
DEBRA MARTIN	<i>Debra Martin</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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)

TH1025145
License Number

7.31.17
Date

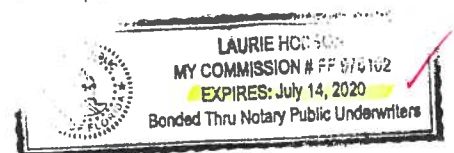
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is RONNIE NORRIS personally appeared before me and is known by me or has produced identification (type of I.D.) 31st on this July day of 2017

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee County
OWNERS NAME Debra Martin PHONE 813-525-1811 CELL _____
INSTALLER Ronnie Norris PHONE 386 623 7716 CELL _____
INSTALLERS ADDRESS _____

MOBILE HOME INFORMATION

MAKE _____ YEAR 1987 SIZE 24' X 44'
COLOR White / Red Trim SERIAL No. _____
WIND ZONE 2 SMOKE DETECTOR 2 - dr

INTERIOR:

FLOORS OK
DOORS OK
WALLS no pncx Bx owner
CABINETS OK
ELECTRICAL (FIXTURES/OUTLETS) OK

EXTERIOR:

WALLS / SIDING OK
WINDOWS OK
DOORS OK
(Bottom Board need to be Replaced
By Home Owner)

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Ronnie Norris

Installer/Inspector Signature Ronnie Norris License No. TH10251511 Date 9-5-18

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

W - Tried to call Ronnie - could not leave a message.

Code Enforcement Approval Signature [Signature] Date 9-11-18

1st - spoke to Ronnie 9-11-18

1998, p. 235.

State of Florida
Department of Highway Safety & Motor Vehicles
Division of Motor Vehicles

蘇州府志卷之四

NAME: FLEETWOOD HOMES OF FLA. #372
ADDRESS: 2433 AZ PARK BL. DUNTER P
LABEL: FLORIDA 33802

RESIDENCE STATE Florida ☐ NEW ☐ YES ☐ NO

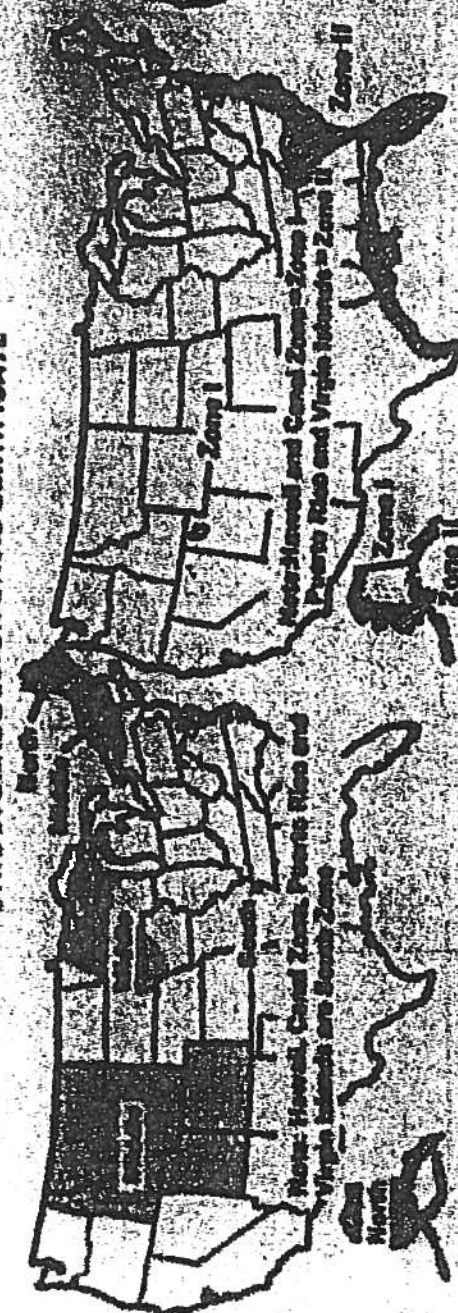
DATE 12-44 12-44

RESEARCH **RESEARCH**

THE

STRUCTURAL DESIGN BASIS CERTIFICATE

COPIES



3

1

<input type="checkbox"/>	North 40 PSF	<input checked="" type="checkbox"/>	Zone 1 15 PSF Horizontal & 9 PSF Uplift	<input checked="" type="checkbox"/>	Zone 2 Horizontal 25 PSF Horizontal & 15 PSF Uplift
<input type="checkbox"/>	North 20 PSF	<input checked="" type="checkbox"/>	Zone 3 20 PSF	<input type="checkbox"/>	
<input type="checkbox"/>	North 10 PSF	<input type="checkbox"/>		<input type="checkbox"/>	

THE
SOCIETY
OF
THE
SIX

These are the first steps in the construction of a new type of machine, the first of its kind in the world. It is a machine that will be able to do the work of a man, but it will be able to do it much faster and much more accurately. It will be able to do the work of a man, but it will be able to do it much faster and much more accurately. It will be able to do the work of a man, but it will be able to do it much faster and much more accurately.

□ 禁烟

[illegible]

The Agency expressed its no capacity to conduct an investigation of the alleged activities of the subject in the United States. The Agency also expressed its no capacity to conduct an investigation of the alleged activities of the subject in the United States. The Agency also expressed its no capacity to conduct an investigation of the alleged activities of the subject in the United States.

FOR TALLAHASSEE CENTRAL OFFICE USE ONLY

THE UNIVERSITY OF MICHIGAN LIBRARY

REF ID: A65	CLASSIFICATION	DATE	BY	REMARKS
Walt's (national warehouse & depot)	U-0.10	Plans	U-0.25
Catalogs & maps of light order	U-0.09	As data to floor	U-0.25
Catalogs & maps of dark order	U-0.09	As data to ceiling	U-0.25

[illegible]

James C. Bingham

Novels **Bingham**

Issues at Price Setting

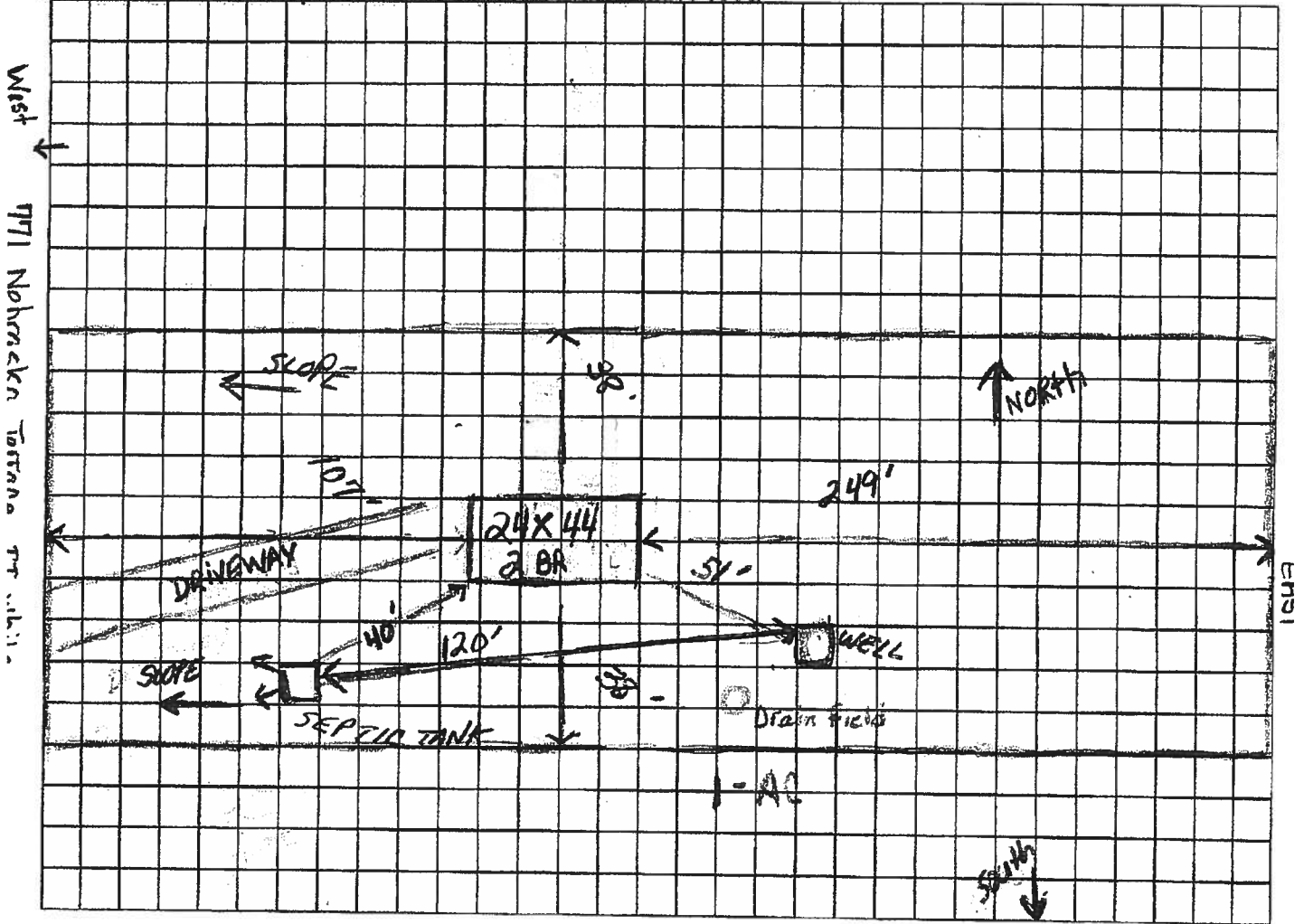
DEC 30 1986

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-0762

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

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



Notes: _____

Site Plan submitted by: Nelson M. [Signature]
Plan Approved ☒ **REVIEWED** Not Approved ☐
By Sean [Signature] Date 9/16/18
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 18-0762
DATE PAID: 9/11/18
FEE PAID: 16000
RECEIPT #: 1263154

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Debra Martin

AGENT:

813-525-1811 or
TELEPHONE: 386-515-2313

MAILING ADDRESS: 2905 S.W. Fry Ave. Ft. White, FL 32038

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: 115 BLOCK: 18 SUBDIVISION: Three Rivers Estates PLATTED: 6
unit

PROPERTY ID #: 00-00-00-01107-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: .92 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 40' FT

PROPERTY ADDRESS: 771 S.W. Nebraska Terrace Ft. White, FL 32038

DIRECTIONS TO PROPERTY: From US-27 turn on to S.W. Riverside Ave.
in 250' turn left onto Utah pkwy in .02 miles turn right
on to Washington Blvd. in .04 mile turn left onto S.W. Nebraska

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design
No. Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

1	<u>Mobile Home</u>	<u>2</u>	<u>1,056</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Debra Martin

DATE: 9-6-18