Ck # 563

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION $537.19

For Office Use Only (Revised 1-11) Zoning Official BLK 26 MARCH 2012 Building Official T.C. 3.26.12

AP# 1203-39 Date Received 3/15 By JU Permit # 30032

Flood Zone X Development Permit N/A Zoning A-1 Land Use Plan Map Category A-1

Comments Legal lot of record through will

FEMA Map# N/A Elevation N/A Finished Floor 1' above RD River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0082-M NA EH Release NA ☑ Well letter ☑ Existing well

☑ 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 pd

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 20-1S-17-04548-000 Subdivision —

- New Mobile Home — Used Mobile Home ✓ MH Size 76X32 Year 1998
- Applicant Kathryn Cullum Phone # 386-365-8483
- Address 14687 N US Hwy 441 Lake City FL 32055
- Name of Property Owner Kathryn Cullum Phone# 386-365-8483
- ✓ 911 Address 14687 N US Hwy 441, 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 James Sistrunk Phone # 386-344-0713
  Address (Same as above)
- Relationship to Property Owner — Buyer —
- Current Number of Dwellings on Property Ø
- Lot Size Total Acreage 5.02
- 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) FDOT
- Is this Mobile Home Replacing an Existing Mobile Home NO (COWES)
- Driving Directions to the Property North on Hwy 441 Lake City FL 11 miles north of I10 overpass on Rt. Red barn.
- Name of Licensed Dealer/Installer Jerry Corbett Phone # 386-362-4948
- Installers Address 10314 US Hwy 90 E. Live Oak, FL 32060
  - License Number 1025368 Installation Decal # 8697

JW spoke w/ KATHRYN 3.26.12.

PERMIT NUMBER

Installer Jerry Corbett License # IH-1025368

Address of home being installed 14687 N US Hwy 441 Lake City Fl. 32055

Manufacturer Horton Length x width 32x76

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 JC

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☒

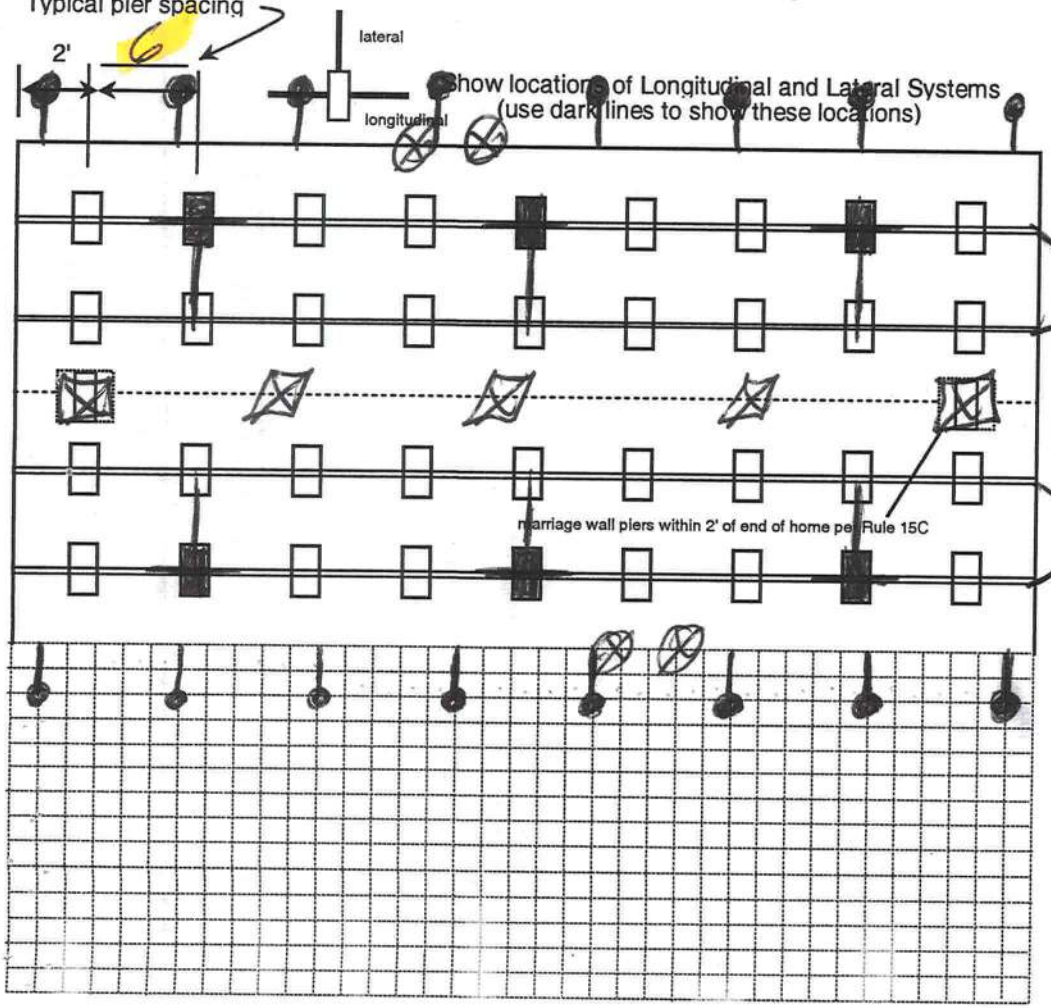
Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 8697

Triple/Quad ☐ Serial # H2066756LTR

Roof System: ____ **Typical** ✓ **Hinged** 446 provided

Typical pier spacing 2' 6



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 17½x25½x1

Perimeter pier pad size 16x16x1

Other pier pad sizes (required by the mfg.) 26x26x1

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
12 Ft	26x26x1

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 Oliver Tech

OTHER TIES

	Number
Sidewall	30
Longitudinal	6
Marriage wall	4
Shearwall	1

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 1700 x 1700 x 1600

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 1600 x 1700 x 1600

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.

JC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jerry Corbett

Date Tested 02-14-12

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:	3/4	Length:		Spacing: 24"
Walls:	Type Fastener:	3/8	Length:	6	Spacing:
Roof:	Type Fastener:	7/8	Length:	6	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 JC

Type gasket Padding
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 Jerry Corbett **Date** 02-14-12

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

> Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

As per Suwannee County Land Development Regulations, Section 14.8:

> It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, Jerry Corbett (Please Print), license number IH 1025368

do hereby state that the installation of the manufactured home for Kathryn Cullum (Applicant) at 14687 NUS Hwy 441 Lake City FL 32055 (911 Address)

will be done under my supervision.

Jerry Corbett
Signature

Sworn to and subscribed before me this 15 day of Feb., 2012.

Notary Public: Treea A. Foster
Signature

My Commission Expires: _____ Date

TREEA A. FOSTER
MY COMMISSION # DD 929507
EXPIRES: December 1, 2013
Bonded Thru Notary Public Underwriters

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: Kathryn Cullum

Property ID: Sec: 20 Twp: 1 Rge: 17 Tax Parcel No: _____

Lot: _____ Block: _____ Subdivision: _____

Mobile Home Year/Make: 1998 Size: 32x76

Jerry Corbett
Signature of Mobile Home Installer

Sworn to and subscribed before me this 15 day of Feb., 2012

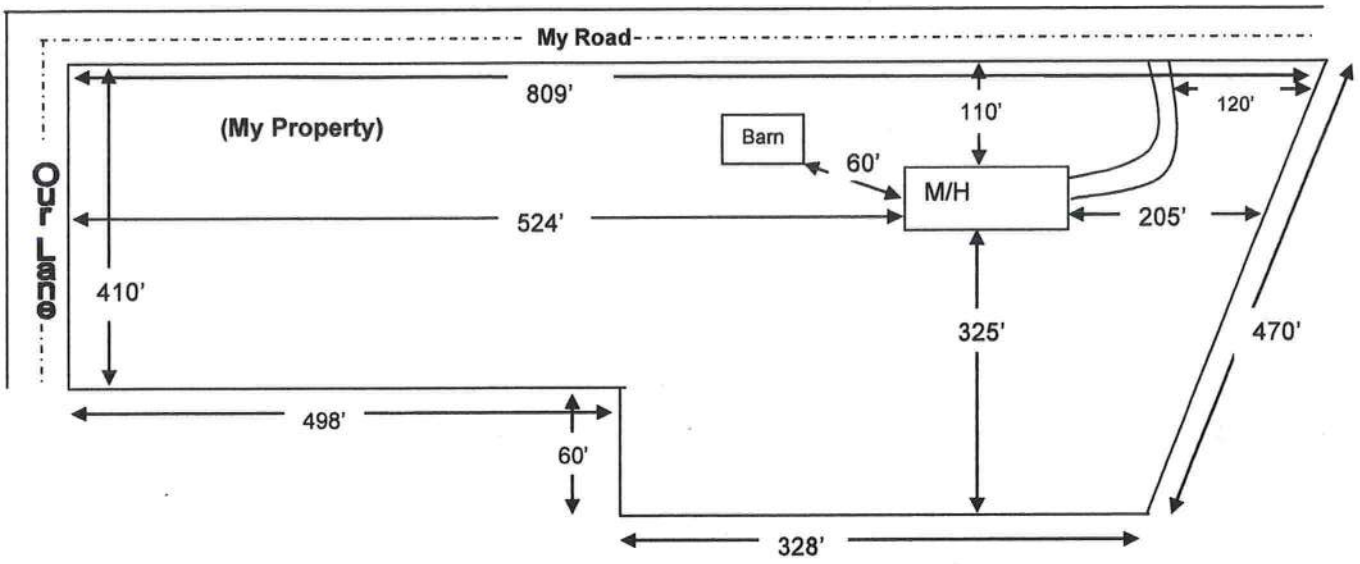
by Jerry Corbett.

TREEA A. FOSTER
MY COMMISSION # DD 929507
EXPIRES: December 1, 2013
Bonded Thru Notary Public Underwriters

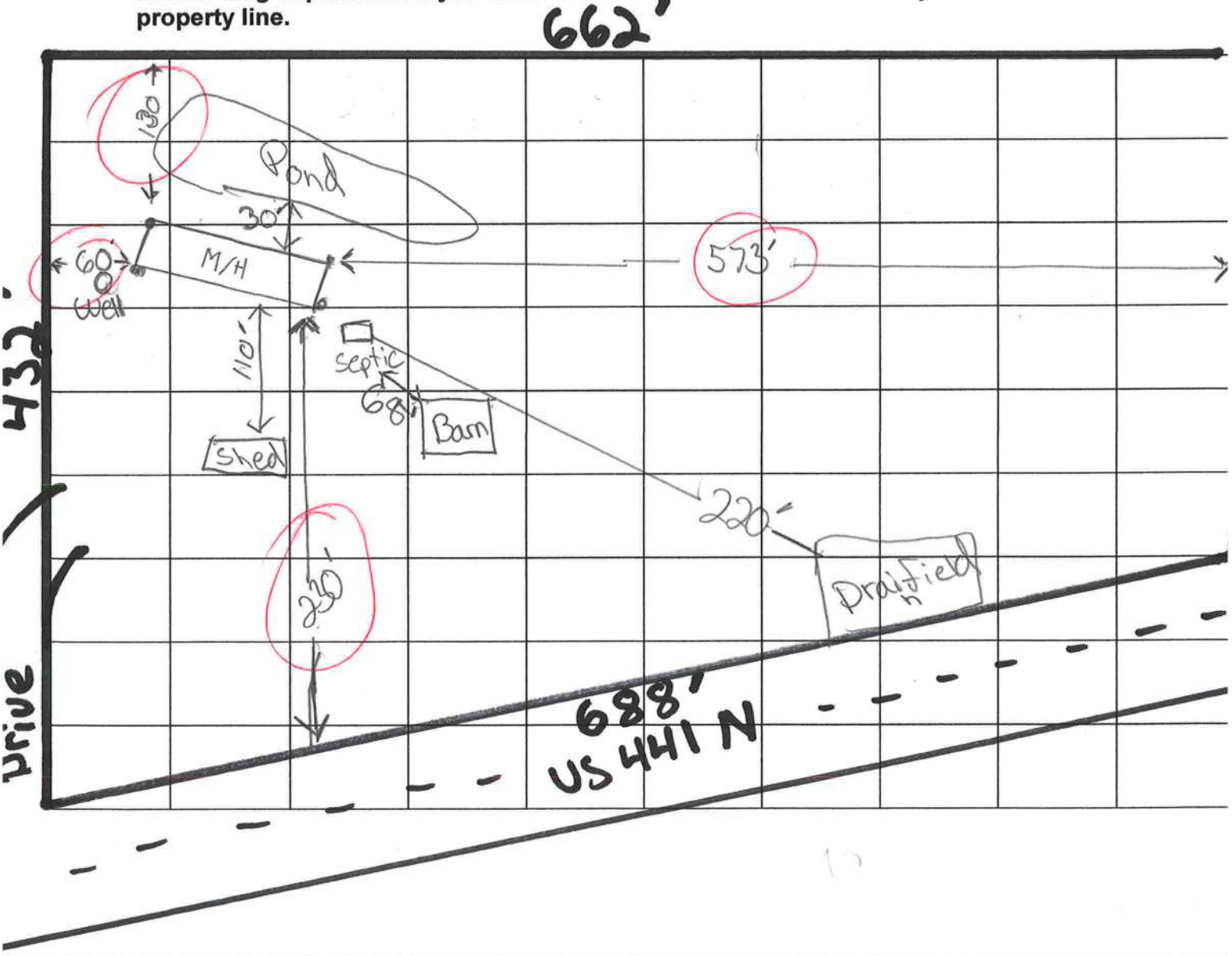
Notary's name printed/typed

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

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.



1203-39

LIMITED POWER OF ATTORNEY

I, Jerry Corbett, do hereby authorize Kathryn Cullum to be my representative and act on my behalf in all aspects of applying for a _____ permit to be placed on my property described as: Sec 20 Twp. 1 S Rge 17 E Tax Parcel No. 20-15-17-04548-000 in Suwannee County, Florida.

Jerry Corbett
(Owner Signature)

02-14-12
(Date)

Sworn to and subscribed before me this 15 day of Feb-, 2012.

Treea A. Foster
Notary Public

TREEA A. FOSTER
MY COMMISSION # DD 929507
EXPIRES: December 1, 2013
Bonded Thru Notary Public Underwriters

My Commission expires:_____
Commission No._____
Personally known: ✓
Produced ID (Type)_____

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, Jerry Corbett (Installer License Holder Name), give this authority for the job address show below only, 14687 N US Hwy 441, Lake City, FL 32055 (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)
Kathryn Cullum		___ Agent ___ Officer X Property Owner
		___ 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.

Jerry Corbett
License Holders Signature (Notarized)

IH-1025268
License Number

02/15/12
Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Jerry Corbett, personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Known on this 15 day of Feb., 2012.

NOTARY'S SIGNATURE

TRESA A. FOSTER
MY COMMISSION # DD 929507
EXPIRES: December 1, 2013
Bonded Thru Notary Public Underwriters

(Seal/Stamp)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1203-39 CONTRACTOR JERRY COLBERT PHONE 386. 362.4948

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 James Sistrunk License #:	Signature James Sistrunk Phone #: 344-0713
MECHANICAL/ A/C _____	Print Name James Sistrunk License #:	Signature James Sistrunk Phone #: 344-0713
PLUMBING/ GAS	Print Name James Sistrunk License #:	Signature James Sistrunk Phone #: 344-0713

Specialty License	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.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), Kathryn Cullum owner of the below described property:

Tax Parcel No. 20-15-17-04548-000

Subdivision (name, lot, block, phase) ——

~~Give my permission~~ to James Sistrunk to place a mobile home/travel trailer/single family home (circle one) on the above mentioned ~~property.~~

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

James Sistrunk
~~Owner~~

Kathryn Cullum
~~Owner~~

SWORN AND SUBSCRIBED before me this 14 day of March, 20 12. This (these) person(s) are personally known to me or produced ID Kathryn Cullum & James Sistrunk

June E. Law
Notary Signature

Sept 22, 2012

JUNE E. LAW
MY COMMISSION EXPIRES
September 22, 2012
#DD 825143
Bonded thru Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

NO APPL REQ'D - 2.24.12 CTL)

FAX MEMORANDUM

MEMORANDUM

FLORIDA DEPARTMENT OF TRANSPORTATION

To: Columbia Co. Building Dept. Fax No: 904-758-2160	From: Neil E. Miles, FDOT Permits Coor. Date: 2-24-12 Fax No. 904-961-7180 Attention: In-House Staff

( ) Sign and return. (XX) For your files. ( ) Please call me. ( ) FYI ( ) For Review

Reason for Contact REVIEW OF EXISTING RESIDENTIAL DRIVEWAY ACCESS FOR CURRENT COMPLIANCE WITH FDOT ACCESS MANAGEMENT STANDARDS

RE: Residential Driveway Connection / Inspected On: 2-24-12
STATE ACCESS PERMIT No: NO PERMIT REQUIRED
PROJECT: Review of Existing D/W for current FDOT Compliance
PHY. ADDRESS: Not Known
PROPT. OWNER: Kathryn M. Cullum
STATE ROAD No: 47 North or US 441 North
PERMITTEE's MAILING ADDRESS: 14687 N. Hwy. 441 North Lake City, Fl. 32055
COL. .COUNTY PARCEL Tax ID No: 20-1S-17-04548-000
Land Owners Phone #: 386-365-8483

INSPECTION RESULTS: Existing Driveway Acceptable

Staff Member:

Our office completed a review of the above propertyowners existing access connection on 2-24-12 and the connection has passed inspection for current access management code for Residential use. After reviewing the connection, the FDOT Permits Office is satisfied that ALL required ACCESS Permit Requirements have been met and are herebyacceptable!

Please accept this notice as legal proof from our office at FDOT Permits in releasing any hold there may be for this person's planned improvements as it relates to the required Access acceptance.

If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 9617193 or 961-7180.

Sincerely,

Neil Miles
Access Permits Coordinator
It's great to have folks like you to work with, thanks again for your assistance!

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year

Parcel: 20-1S-17-04548-000

Next Lower Parcel | Next Higher Parcel

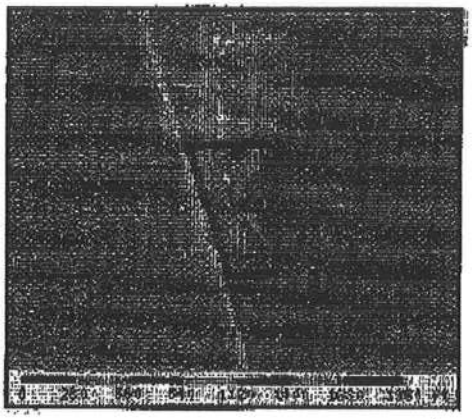
Tax Collector | Tax Estimator | Property Search | Property Appraiser | Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	CULLUM KATHRYN M		
Mailing Address	14687 N US HWY 441 LAKE CITY, FL 32055		
Site Address	14689 N US HIGHWAY 441		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	20117
Land Area	5.020 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

W1/2 OF NW1/4 OF NE1/4 OF NE1/4, ORB 769-254 ALSO NW1/4 OF NE1/4 AS LIES N & E OF US-441 AS DESC ORB 926-2812, ORB 1198-378 & SWD 1201-2503



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (1)	$1,250.00
Ag Land Value	cnt: (1)	$1,004.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (1)	$1,500.00
Total Appraised Value		$3,754.00
Just Value		$22,149.00
Class Value		$3,754.00
Assessed Value		$3,754.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $3,754 Other: $3,754 | Schl: $3,754

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Current Sales Inquiry

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
9/10/2010	1201/2503	WD	I	U	16	$100.00
8/29/2001	934/220	WD	V	U	01	$100.00
2/1/2000	926/2812	WD	V	U	01	$600.00
2/25/1994	769/254	WD	V	Q		$7,200.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	2004	$1,500.00	0001200.000	30 x 40 x 0	AP (050.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
006200	PASTURE 3 (AG)	5.02 AC	1.00/1.00/1.00/1.00	$200.00	$1,004.00

SR-47 N (US 441) Just before Thomas Honey Rt Side Large Barn (Red) 2:00 pm Today

Columbia County, Florida
Building & Zoning Department

Number of pages including cover sheet: 2

Date: 2.23.12

To: Dale Cray

Phone: 386. 961.7146

Fax: 386. 961. 7183

From: Janice & Laurie. For: Kathy Culum

Phone: 386. 365-8483

Fax: 386-758-2160

Remarks: ☐ Urgent ☑ For review ☐ ASAP ☐ Please comment

Please verify existing Pool Driveway She may call you, if so, Tell her you have Received Request from us. Thanks - J+L.

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: 2/24/2012 **DATE ISSUED:** 2/28/2012

ENHANCED 9-1-1 ADDRESS:

14687 N US HIGHWAY 441

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

20-1S-17-04548-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW 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.

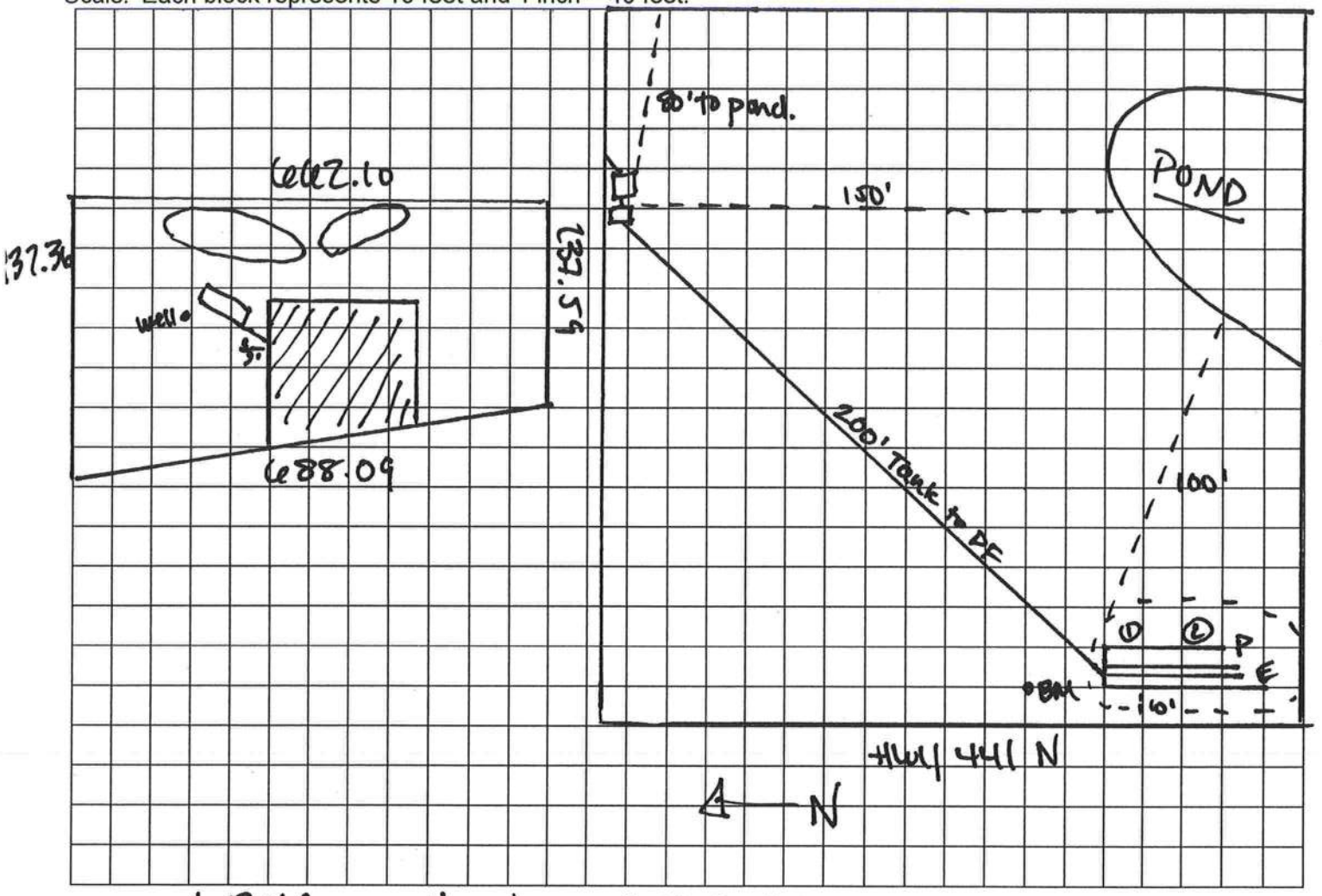
2202

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0082M

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

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



Notes: Well 130' from septic. 1 ac. of 5.02 shown. Tank and DF are on same area (shown) house and well occur outside this area. Tank is 200' from DF.

(See attached)

Site Plan submitted by: S E Hodges

Plan Approved X Not Approved ____ Date 3/15/12

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SSO 0532023 09
S/B/C 2/24

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

PERMIT NO. 12-0082-M
DATE PAID: 2/15/12
FEE PAID: 320.00
RECEIPT #:
12-PID-18/5339
AP 1062119

APPLICATION FOR: MODIFICATION

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

APPLICANT: Kathryn M. Cullum

AGENT: _____ TELEPHONE: 386-365-8483

MAILING ADDRESS: 14687 N US Hwy 441, Lake City FL 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 20-1S-17-04548-000 ZONING: Res I/M OR EQUIVALENT: [Y (N)

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 14687 N US Hwy 441, Lake City FL 32055

DIRECTIONS TO PROPERTY: north on US Hwy 441, 11 miles North of I10 intersection on Rt. hand side. Red barn

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	mobile home	4	2,432	
2				
3				
4				

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

SIGNATURE: Kathryn Cullum DATE: 02/14/12

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

ENTERED 2/15/12

RECEIVED 2/15/12

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT 1203-39

DATE RECEIVED 3/15 BY [illegible] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME KATHRYN CULLUM PHONE _____ CELL 386.365.8483

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441-N TO EXACTLY 11 MILES NORTH OF I-10 OVERPASS ON THE R - WITH A RED BARN

MOBILE HOME INSTALLER JERRY CORBETT PHONE 386.362-4948 CELL _____

MOBILE HOME INFORMATION

MAKE HORTON YEAR _____ SIZE 32 X 76 COLOR TAN/BURGUNDY SHUTTERS

SERIAL No. H2067575GLTR

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: 3.15.12

Paid By: KATHRYN CULLUM

Notes: PLZ CALL BEFORE GOING 0.-365-8483 - KATHRYN -

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 / 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: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [signature] ID NUMBER 304 DATE 3-16-12