

C# 1520

34

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 15 Aug 2012 Building Official J.C. 8-13-12

AP# 1208-22 Date Received 1208-22 By LH Permit # 30380

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Replacing existing mH

FEMA Map# N/A Elevation N/A Finished Floor 12' above rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-368 ☐ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☒ F W Comp. letter ☒ App Fee Pd ☒ VF Form

IMPACT FEES: EMS ☐ Fire ☐ Corr ☒ Out County ☒ In County

Road/Code ☐ School ☐ = TOTAL ☐ Suspended March 2009 ☒ Ellisville Water Sys

Property ID # 19-75-17-10024-070 Subdivision Sassafras Acres S/D Lot 69

New Mobile Home ☐ Used Mobile Home ☒ MH Size 16x80 Year 2006

Applicant Ruby Wilkins Phone # 352-441-0139

Address 1281 SW Bobcat Dr Fort White FL 32038

Name of Property Owner Ruby Wilkins & Chrissie Hair Phone # 352-441-0139

911 Address 1281 SW Bobcat Dr Fort White FL 32038

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home Ruby & Wilkins Phone # 352-441-0139

Address 1281 S.W. Bobcat DRIVE Ft. White FLA. 32038

Relationship to Property Owner self

Current Number of Dwellings on Property 1

Lot Size 1.03 Total Acreage 1.03

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 yes (Already removed) (Paid)

Driving Directions to the Property 47 S, (L) 27, (R) 138,
(R) Bobcat, just past other LN on (R)

Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

Installers Address 6355 SE CR 245 Lake City FL 32025

License Number TH1025386 Installation Decal # 27984

Spoke w/ Ruby 8.15.12 (#1520) \$325.00

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Robert Shepard License # 141025386

911 Address where home is being installed. _____

Manufacturer Clayton Length x width 16x80

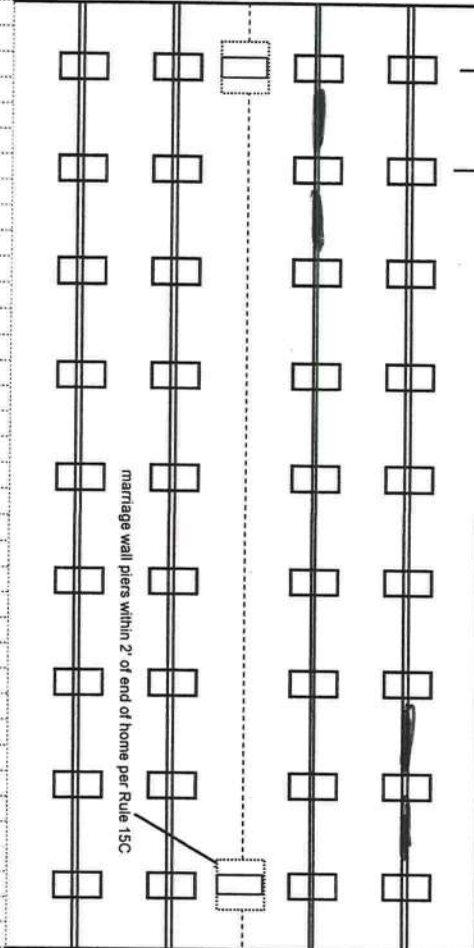
NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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 RS



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



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 # 27984 ☐

Triple/Quad ☐ Serial # WTC0152996A ☐

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

L-beam pier pad size 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) 17x25

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 _____

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Live

Number 26

Sidewall

Longitudinal

Marriage wall

Number 4

Shearwall

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 1700

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 1700 X 1700 X 1700

TORQUE PROBE TEST

The results of the torque probe test is 295 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 the 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 _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shygrad

Date Tested

8-2-12

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
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, 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 _____

Type gasket _____

Installed:

Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 22
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

Robert Shygrad

Date 8-7-12

Columbia County Property Appraiser

CAMA updated: 8/2/2012

2011 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 19-7S-17-10024-070

<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	WILKINS RUBY JANE & CHRISSIE		
Mailing Address	ANN HAIR (JTWRS) 1281 SW BOBCAT DRIVE FORT WHITE, FL 32038		
Site Address	1281 SW BOBCAT DR		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	19717
Land Area	1.030 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 69 SASSAFRAS ACRES S/D ORB 823-1128, 881-705, WD 1226-2499 & SWD 1237-1813			



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$9,415.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$39,096.00
XFOB Value	cnt: (2)	\$2,246.00
Total Appraised Value		\$50,757.00
Just Value		\$50,757.00
Class Value		\$0.00
Assessed Value		\$50,757.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$50,757 Other: \$50,757 Schl: \$50,757	

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 Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
6/1/2012	1237/1813	WD	I	U	12	\$16,100.00
12/22/2011	1226/2499	WD	I	U	12	\$50,000.00
5/14/1999	881/705	WD	I	Q		\$54,000.00
6/11/1996	823/1128	WD	I	U	12	\$50,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1974	(31)	1012	1528	\$39,096.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0210	GARAGE U	1993	\$2,046.00	0000682.000	22 x 31 x 0	(000.00)
0251	LEAN TO W/	2007	\$200.00	0000001.000	0 x 0 x 0	(000.00)

112.0070
12.70 doc
Return to: **Stewart Title Company**
Name: **REO Division**
Address: **1327-A Cape Coral Parkway**
Cape Coral, FL 33904

This Instrument Prepared by:
Branden Strickland, Esq.
Strickland Law Firm, PL
3132 Ponce de Leon Boulevard
Coral Gables, FL 33134

as a necessary incident to the fulfillment of conditions
contained in a title insurance commitment issued by it.

Property Appraisers Parcel I.D. (Folio) Number(s):
19-7S-17-10024-070
File No: **1207194 - 2301**

Inst: 201212010014 Date: 7/3/2012 Time: 12:12 PM

Doc Stamp-Deed: 112.70

DC, P. DeWitt Cason, Columbia County Page 1 of 13 B: 1237 P: 1813

SPECIAL WARRANTY DEED (CORPORATE)

This Special Warranty Deed Made the **1st day of June, 2012**, by **Bank of America, N.A.**, and having its place of business at **400 National Way, Simi Valley, California 93065**, hereinafter called the grantor,

to **Ruby Jane Wilkins, a single woman and Chrissie Ann Hair, a married woman, as joint tenants with rights of survivorship**, whose post office address is: **1281 SW Bobcat Drive, Ft. White, Florida 32038**, hereinafter called the grantee,

WITNESSETH: That grantor, for and in consideration of the sum of **\$16,100.00** Dollars and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto grantee, all that certain land situate in **Columbia County, Florida**, viz:

LOT SIXTY-NINE (69), SASSAFRAS ACRES, A SUBDIVISION ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT BOOK 4, PAGES 8 AND 8A, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

The Grantee(s), or purchaser(s), of the property may not re-sell, record any additional conveyance document, or otherwise transfer title to the Property within 60 days following the Grantor's execution of this deed.

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.

GRANTOR'S WILL WARRANT and forever defend the right and title to the above-described real property unto the Grantees against the claims of all person, claiming by, through or under Grantor's, but not otherwise.

(Wherever used herein the terms "grantor" and "grantee" included all the parties to this instrument, and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation.)

IN WITNESS WHEREOF, the grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officers thereunto duly authorized, the day and year first above written.

**SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES
(TWO SEPARATE DISINTERESTED WITNESSES REQUIRED)**

ATTEST: *Judith Casey*
Judith Casey Secretary

Bank of America, N.A.

Witness Signature: *Eric Sims*
Printed Name: Eric Sims

BY: *Alice Chin*
Alice Chin, AVP

Witness Signature: *Maria Castillo*
Printed Name: Maria Castillo

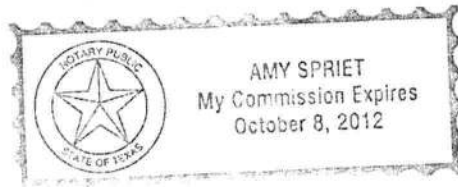
STATE OF Texas
COUNTY OF Collin

The foregoing instrument was acknowledged before me this 1 day of June, 2012, by
Alice Chin as Avp, of Bank of America, N.A., on behalf of the corporation.
He/she is personally known to me or who has produced driver license(s) as identification.

My Commission expires: 10/8/2012

Amy Spriet
Notary Public Signature
Printed Name: Amy Spriet
Serial Number 12668578-2

(SEAL)





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, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name

only, 1281 SW Bobcat Dr Fort 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)
Ruby Jane Wilkins	<i>Ruby Jane Wilkins</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
Chrissie Ann Hair	<i>Chrissie Ann Hair</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

Robert Sheppard
License Holders Signature (Notarized)

TH1025386
License Number

8-6-12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 7 day of Aug, 2012.

Laurie Hodson
NOTARY'S SIGNATURE

(Seal/Stamp)



AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

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

Tax Parcel No. 19-75-17-10024-070

Subdivision (name, lot, block, phase) Sassafras Acres S/D lot 69

Give my permission to Ruby Wilkins 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.

Chrissie Hair
Owner

Owner

SWORN AND SUBSCRIBED before me this 7 day of Aug.
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Laurie Hodson
Notary Signature



Site Plan



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 19-7S-17-10024-070 - SINGLE FAM (000100)

LOT 69 SASSAFRAS ACRES S/D ORB 823-1128, 881-705, WD 1226-2499 & SWD 1237-1813

Name: WILKINS RUBY JANE & CHRISSIE

Site: 1281 SW BOBCAT DR

ANN HAIR (JTWRS)

Mail: 1281 SW BOBCAT DRIVE

FORT WHITE, FL 32038

Sales 6/1/2012

Info 12/22/2011

\$16,100.00 I / U

\$50,000.00 I / U

2011 Certified Values

Land \$9,415.00

Bldg \$39,096.00

Assd \$50,757.00

Exmpt \$0.00

Cnty: \$50,757

Taxbl Other: \$50,757 | Schl: \$50,757

NOTES:



This information, updated: 8/2/2012, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Robert Sheppard

PHONE

386-623-2203

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>Ruby Jane Wilkins</u>	Signature	<u>Ruby Jane Wilkins</u>
	License #:		Phone #:	
MECHANICAL/ A/C _____	Print Name	<u>Ruby Jane Wilkins</u>	Signature	<u>Ruby Jane Wilkins</u>
	License #:		Phone #:	
PLUMBING/ GAS	Print Name	<u>Robert Sheppard</u>	Signature	<u>Robert Sheppard</u>
	License #:	<u>JH1025386</u>	Phone #:	<u>386-623-2203</u>

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.

Contractor Forms: Subcontractor form: 1/11

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: 8/7/2012 DATE ISSUED: 8/7/2012

ENHANCED 9-1-1 ADDRESS:

1281 SW BOBCAT DR

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

19-7S-17-10024-070

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.**



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

PERMIT NO. 12-368
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Ruby Jane Wilkins

AGENT: _____

TELEPHONE: 352-441-0139

MAILING ADDRESS: 1281 S.W. Bobcat Drive, Ft. White, FLA. 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: 69 BLOCK: _____ SUBDIVISION: SASSAFRAS PLATTED: _____

PROPERTY ID #: 19-75-17-10024-070 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.03 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 25 FT

PROPERTY ADDRESS: 1281 S.W. Bobcat Drive Ft. White, FLA. 32038

DIRECTIONS TO PROPERTY: From Ft. White go south on 27
turn Right on County Rd. 138, Take 1st Right
on Bobcat Drive, go 1/2 mile, property on Right.

BUILDING INFORMATION [☒] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>3</u>	<u>11,500 sqft</u>	
2				
3				
4				

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

SIGNATURE: Ruby Jane Wilkins

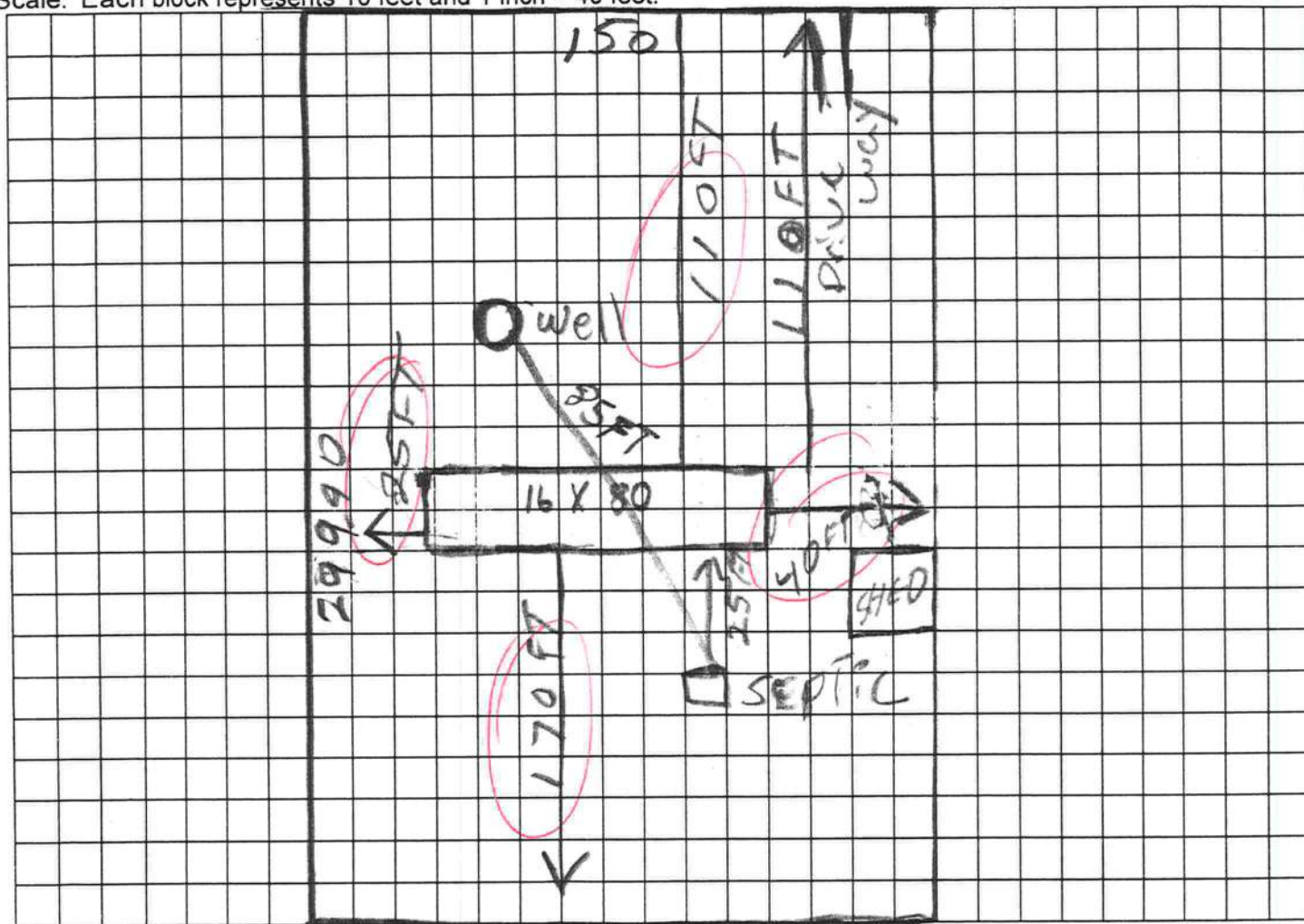
DATE: 8-7-2012

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-368

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

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



Notes: _____

Site Plan submitted by: X Ruby Jane Wilkins

Plan Approved X

Not Approved _____

Date 8-8-2012

By _____

Cdubia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

1208-22

DATE RECEIVED 8-7-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Ruby Wilkins PHONE 352-441-0139 CELL 386-454-5244

ADDRESS 1281 SW Bobcat Dr Fort White FL 32038 David (son)

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 475, @ 27, @ 138, @ Bobcat Dr,
approx. 1/2 mile on Right - just past Otter Ln on @

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 623-2203

MOBILE HOME INFORMATION

MAKE Clayton YEAR 06 SIZE 16 X 80 COLOR Cream & Black

SERIAL No. WHC 015299 GA

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

<u>P</u>	SMOKE DETECTOR () OPERATIONAL () MISSING	\$50.00
<u>P</u>	FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____	Date of Payment: <u>8-7-12</u>
<u>P</u>	DOORS () OPERABLE () DAMAGED	Paid By: <u>Ruby Wilkins</u>
<u>P</u>	WALLS () SOLID () STRUCTURALLY UNSOUND	Notes: _____
<u>P</u>	WINDOWS () OPERABLE () INOPERABLE	_____
<u>P</u>	PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING	
<u>P</u>	CEILING () SOLID () HOLES () LEAKS APPARENT	
<u>P</u>	ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING	

EXTERIOR:

<u>P</u>	WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
<u>P</u>	WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
<u>P</u>	ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 304 DATE 8-8-12