

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Bruce will change initial blocking when he picks up LiAB w.c/bmd

For Office Use Only (Revised 1-11) Zoning Official BLK 27 MAY 2012 Building Official J.C. 5-18-12

AP# 1205-37 Date Received 5/15 By JW Permit # 30188

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

Comments Replacing Existing MH Section 2.3.1 Legal Non-Conforming

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

☒ Site Plan with Setbacks Shown ☒ EH # 12-0251-E ☐ EH Release ☒ 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

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 pd

Property ID # 27-45-16-03216-018 Subdivision Shady Acres E 1/2 of Lot 18

▪ New Mobile Home _____ Used Mobile Home X MH Size 28x56 Year 2002

▪ Applicant Suwannee Skywalker LLC - Bruce Lawson Phone # 407 808 8772

▪ Address 4370 SW County Road 534 Mayo, FL 32066

▪ Name of Property Owner Suwannee Skywalker LLC Phone# 407-808 8772

▪ 911 Address 361 SW Precision loop, Lake City, FL 32024

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

▪ Name of Owner of Mobile Home Suwannee Skywalker LLC Phone # 407 808 8772

Address 4370 SW CR 534 Mayo, FL 32066

▪ Relationship to Property Owner Self

▪ Current Number of Dwellings on Property 1

▪ Lot Size 123x178 Total Acreage 0.50

▪ 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 (pd)

▪ Driving Directions to the Property Hwy 47 TO KING ROAD RIGHT ON KING

RD 2 MILES TO PRECISION LOOP RT ON PRECISION LOOP after

(C) Corner then 500' on the back side on Rt. 2nd on (R)

▪ Name of Licensed Dealer/Installer Thomas J Porter Phone # 850-879-7095

▪ Installers Address 2542 N.E. C. Hill Dr Ft FL 32059

▪ License Number TH-1025228 Installation Decal # 10719

→ Bruce
Left a message for Lawson 5-22-12

\$375.00
ck# 1330

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 Thomas P. Tiv License # 1025228

911 Address where home is being installed. 361 Precision Loop

Lake City FL

Manufacturer Hartco Length x width 28 x 56

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.

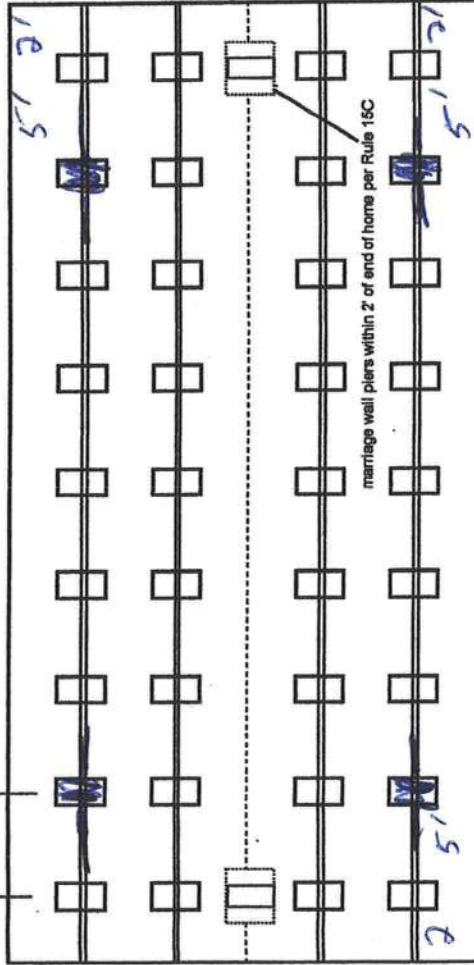
Installer's initials EB 4.5 o.c.

per contractor
8-21-12

Typical pier spacing



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



marriage wall piers within 2' of end of home per Rule 15C

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 # 10719

Triple/Quad ☐ Serial # GDC 1179269GR8L

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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x22

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 27x33

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 12

Pier pad size 27x33

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 OLLIVER

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Sidewall 12

Longitudinal 4

Marriage wall 4

Shearwall 0

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 276 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.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Thomas PETER

Date Tested 4-30-12

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. 34

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 34

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 34

Site Preparation

Debris and organic material removed Yes Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: Long Length: 60 Spacing: 24
Walls: Type Fastener: Flashed Length: 60 Spacing: 24
Roof: Type Fastener: Flashed Length: 60 Spacing: 24
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 Form Rubber 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

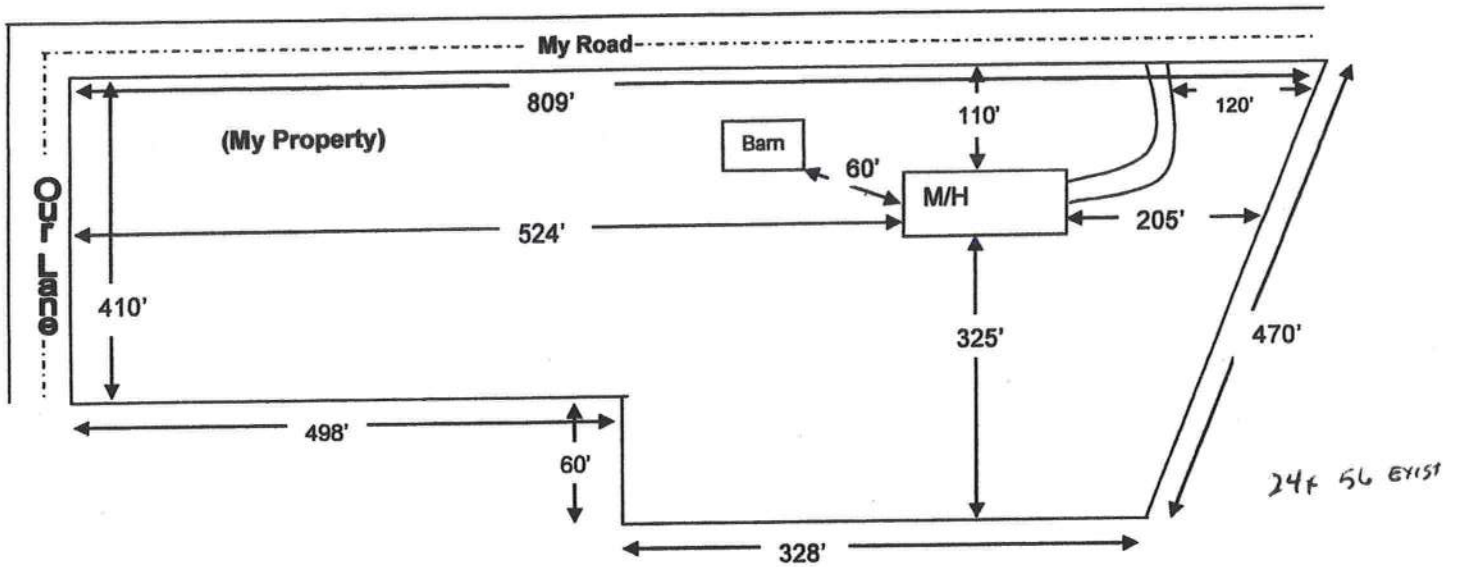
Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☒ N/A ☐
Range downflow vent installed outside of skirting. Yes ☒ N/A ☐
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

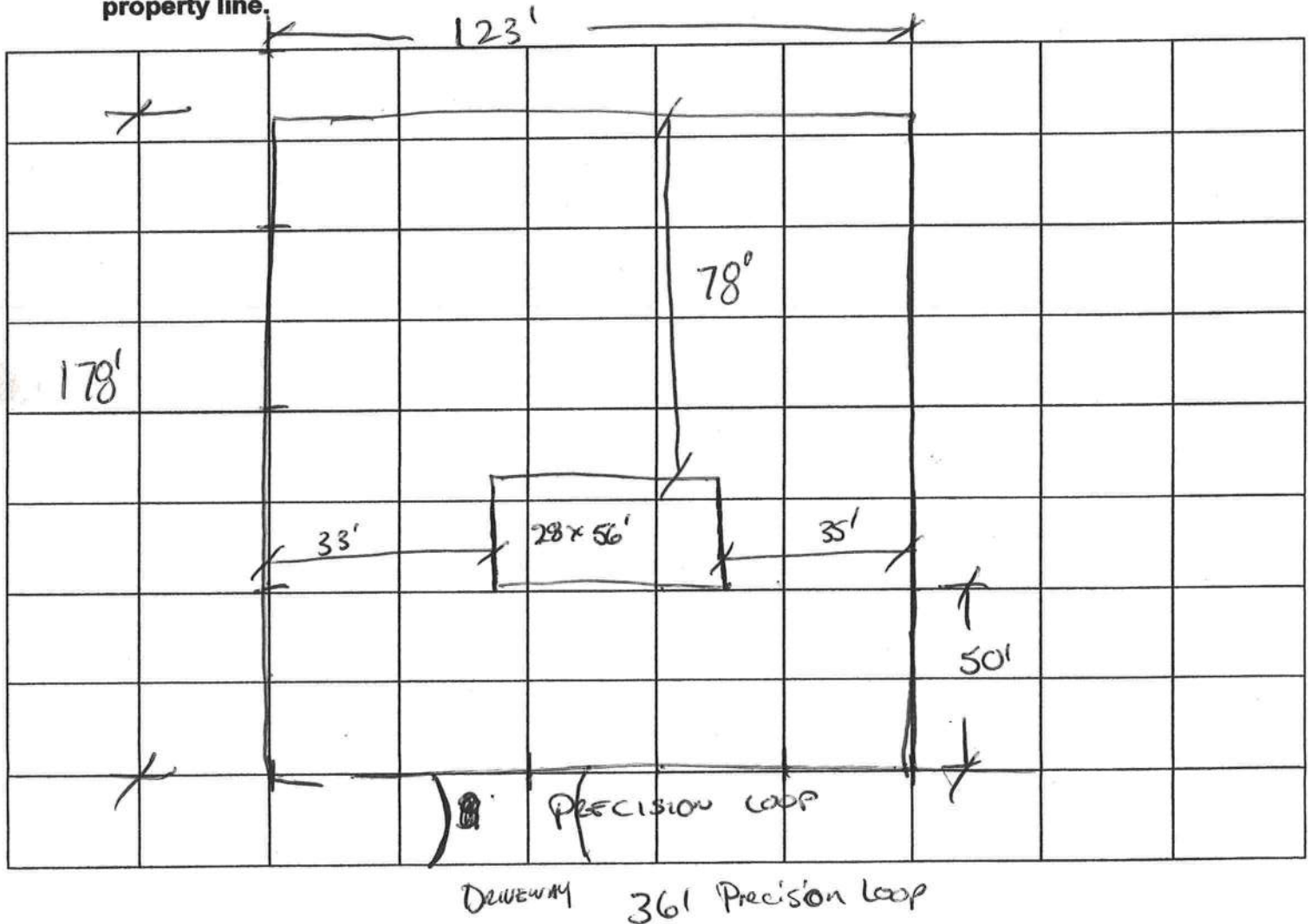
Installer Signature Thomas PETER

Date 4-30-12

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.





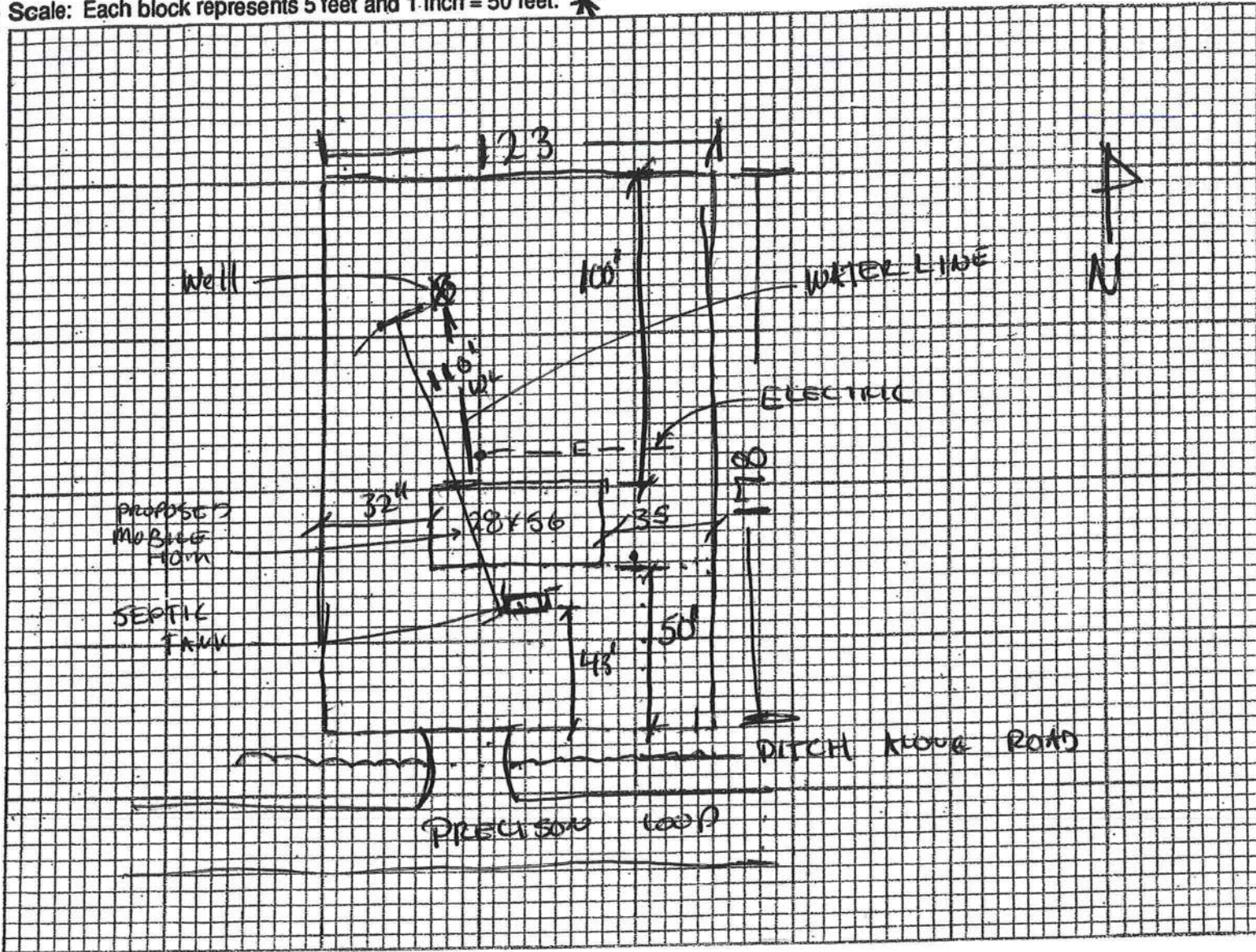
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0251E

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: _____

[Signature]
Signature

Protein Service Skye
Title

Plan Approved X

Not Approved _____

Date 5/15/12

By [Signature]

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. 12-2251E
DATE PAID: 5/9/12
FEE PAID: 125.00
RECEIPT #: 1835016
AP021592

APPLICATION FOR:

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

APPLICANT: Swannee Skywalker, LLC

AGENT: E Brake Lawson, President

TELEPHONE: 407-868-9772

MAILING ADDRESS: 4370 SW CR 534 Mayo FL 32066

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: E 1/2 18 BLOCK: _____ SUBDIVISION: Shady Acres PLATTED: 1976

PROPERTY ID #: 03216-018 ZONING: RES I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 361 Precision Loop Lake City, FL

DIRECTIONS TO PROPERTY: Hwy 47 to King Road turn RIGHT.

2 miles to Precision Loop turn RIGHT GO TO BACK OF LAND
TO 361

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	<u>MOBILE HOME</u>	<u>3</u>	<u>1568</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

SIGNATURE: [Signature] 3

DATE: 09 MAY 12

SPECIAL WARRANTY DEED

THIS INDENTURE, made this 22nd day of February, 2011, between COLUMBIA BANK, whose address is 173 NW Hillsboro Street, Lake City, Florida 32055, Grantor, and SUWANNEE SKYWALKER, LLC, a Florida limited liability company, whose address is 4370 SW County Road 534, Mayo, Florida 32066, Grantee,

W I T N E S S E T H:

That Grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS and other valuable consideration to Grantor in hand paid by Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to Grantee and Grantee's heirs, successors and assigns forever, the following described lands lying in COLUMBIA County, Florida, to-wit:

The East 1/2 of Lot 18 of Shady Acres Subdivision, as recorded in Plat Book 4, page 21, public records of Columbia County, Florida. Together with and including a 1981 FLOR doublewide mobile home, identification number GDOCFL04817564A(B) affixed to the property. (Tax parcel number 27-4S-16-03216-018)

SUBJECT TO: Taxes for 2011 and subsequent years; restrictions and easements of record; and easements shown by a plat of the property.

Grantor does hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons claiming by, through and under Grantor.

IN WITNESS WHEREOF, Grantor has hereunto caused these presents to be executed by its duly authorized officer on the day above first written.

Signed, sealed and delivered
in the presence of:

Lisa Potts
Print Name: LISA POTTS
Sherry M. Bush
Print Name: Sherry M. Bush
Witnesses as to Grantor

COLUMBIA BANK

Bruce A. Naylor
By: BRUCE A. NAYLOR
Its President

STATE OF FLORIDA
COUNTY OF COLUMBIA

This Instrument Was Prepared By:
EDDIE M. ANDERSON, P.A.
Post Office Box 1179
Lake City, Florida 32056-1179

The foregoing instrument was acknowledged before me this 22 day of February, 2011 by BRUCE A. NAYLOR, as President of Columbia Bank. He is personally known to me.

(Notarial Seal)

Lisa Potts
Notary Public
My commission expires:



Inst: 201112002817 Date: 2/23/2011 Time: 10:45 AM
Doc Stamp-Deed: 70.00

DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1210 P: 875

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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No Events **No Name History**

Detail by Entity Name

Florida Limited Liability Company

SUWANNEE SKYWALKER, LLC

Filing Information

Document Number	L10000094932
FEI/EIN Number	273430605
Date Filed	09/10/2010
State	FL
Status	ACTIVE
Effective Date	09/09/2010

Principal Address

4370 SW CR 534
MAYO FL 32066 US

Mailing Address

4370 SW CR 534
MAYO FL 32066 US

Registered Agent Name & Address

LAWSON, E BRUCE
4370 SW CR 534
MAYO FL 32066 US

Manager/Member Detail

Name & Address

Title MGRM

LAWSON, E. BRUCE
P.O. BOX 540693
ORLANDO FL 32854 US

Title MGRM

LAWSON, LEVIS E JR
4370 SW CR 534
MAYO FL 32066 US

Annual Reports

Report Year	Filed Date
2011	01/29/2011
2012	05/07/2012

Document Images

05/07/2012 -- ANNUAL REPORT	View image in PDF format
01/29/2011 -- ANNUAL REPORT	View image in PDF format
09/10/2010 -- Florida Limited Liability	View image in PDF format

Note: This is not official record. See documents if question or conflict.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1205-37 CONTRACTOR Thomas J. Proctor PHONE 850-879-7095

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>E. Bruce Lawson</u>	Signature <u>[Signature]</u>
	License #:	Phone #: <u>352 407 808 8772</u>
MECHANICAL/ A/C	Print Name _____	Signature _____
	License #:	Phone #:
PLUMBING/ GAS	Print Name _____	Signature _____
	License #:	Phone #:

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.



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, Thomas J. Prator, give this authority for the job address show below
Installer License Holder Name

only, 361 Precision Loop, 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)
E. BRUCE LAWSON		☐ Agent ☐ Officer ☒ Property Owner
Levi's E Lawson		☐ 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.

Thomas J. Prator
License Holders Signature (Notarized)

1025228
License Number

4-30-12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Madison

The above license holder, whose name is Thomas Prator, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 10 day of May, 20 12.

Connie McClamma
NOTARY'S SIGNATURE

(Seal/Stamp)



CONNIE MC CLAMMA
Notary Public, State of Florida
My Comm. Expires Nov. 22, 2015
Commission No. EE 136158

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

1205-39

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee County
OWNERS NAME Suwannee Skywalker, LLC PHONE 386-208-8062 CELL 407 808 07K
INSTALLER Thomas T. Pictor PHONE _____ CELL 850-879-7095
INSTALLERS ADDRESS 2542 N.E. 4th Pl Ft FL 32059

MOBILE HOME INFORMATION

MAKE Horton YEAR 2003 SIZE 28 x 56
COLOR _____ SERIAL No. H179269GR & H179269GL
WIND ZONE 2 SMOKE DETECTOR OK IN PLACE

INTERIOR:
FLOORS OK
DOORS OK
WALLS OK
CABINETS OK
ELECTRICAL (FIXTURES/OUTLETS) IN PLACE OK

EXTERIOR:
WALLS / SIDING OK
WINDOWS OK
DOORS OK

INSTALLER: APPROVED ☒ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Thomas T Pictor

Installer/Inspector Signature Thomas T Pictor License No. 1025228 Date 5/11/12

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.

Code Enforcement Approval Signature [Signature] Date 5-15-12

1 day left MSG 5.15.12

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: 5/16/2012 DATE ISSUED: 5/16/2012

ENHANCED 9-1-1 ADDRESS:

361 SW PRECISION LOOP

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

27-4S-16-03216-018

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR STRUCTURE.

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.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

1205-37

DATE RECEIVED 5-22-12 BY UH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Swannee Skywalker LLC PHONE Bruce Lawson CELL 407-808-8772
ADDRESS 361 SW Precision Loop Lake City FL 32024
MOBILE HOME PARK _____ SUBDIVISION Shady Acres EY2 6018
DRIVING DIRECTIONS TO MOBILE HOME 47 S, (R) King Rd, (R) Precision Loop
500' on the back side on (R)

MOBILE HOME INSTALLER Thomas Prater PHONE _____ CELL 850-878-7085

MOBILE HOME INFORMATION

MAKE Horton YEAR 02 SIZE 28 X 56 COLOR _____

SERIAL No. 1H179269GR8L

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

<u>P</u>	SMOKE DETECTOR () OPERATIONAL () MISSING	Date of Payment: <u>5-15-12</u>
<u>P</u>	FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____	Paid By: <u>Bruce Lawson</u>
<u>P</u>	DOORS () OPERABLE () DAMAGED	Notes: _____
<u>P</u>	WALLS () SOLID () STRUCTURALLY UNSOUND	_____
<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:

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

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay Ann ID NUMBER 304 DATE 5-23-12