DATE 03/30/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029280

APPLICANT WENDY GRENNELL PHONE 386.288.2428

ADDRESS 3104 SW OLD WIRE ROAD FT. WHITE FL 32038

OWNER STEVEN & LINDA GAWLIK PHONE 386.308.0721

ADDRESS 1044 SE SULTON LOOP LAKE CITY FL 32025

CONTRACTOR RONNIE NORRIS PHONE 386.288.2428

LOCATION OF PROPERTY 90-E TO C-245,TR TO WEEKS,TL TO 2ND SULTON LOOP,3RD LOT ON R.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ___ STORIES ___

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

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

PARCEL ID 13-4S-17-08335-002 SUBDIVISION DEERHAVEN

LOT 3 BLOCK ___ PHASE ___ UNIT ___ TOTAL ACRES 1.05

		IH1025145	Wendy Grennell	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	11-0158-E	BLK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: REPLACING EXISTING M/H. 1 FOOT ABOVE ROAD. REPLACING EXISTING UNIT. 1 UNIT CHARGED.

Check # or Cash 1199

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by Foundation _____ date/app. by Monolithic _____ date/app. by

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

Framing _____ date/app. by Insulation _____ date/app. by

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

Heat & Air Duct _____ date/app. by Peri. beam (Lintel) _____ date/app. by Pool _____ date/app. by

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

Pump pole _____ date/app. by Utility Pole _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by RV _____ date/app. by Re-roof _____ date/app. by

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

MISC. FEES $ 250.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 325.00

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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

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

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

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

CH# 1159

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 29.03.11 Building Official T.C. 3-25-11

AP# 1103-43 Date Received 3/29 By JW Permit # 29280

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 _____ River N/A In Floodway N/A

☐ Site Plan with Setbacks Shown ☐ EH # 11-0158-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_

Property ID # 13-4S-17-08335-003 Subdivision Deerhaven Lot 3

- New Mobile Home _____ Used Mobile Home ✓ MH Size 14x60 Year 1989
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Steven + Linda Gawlik Phone# 386-308-0721
- 911 Address 1044 SE Sulton Loop Lake City FL 32025
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Steven + Linda Gawlik Phone # 386-308-0721
  Address 1042 SE Sulton Loop Lake City FL 32025
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 1.05 (2.137 Per Lots 3+4
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 90 E, TR on CR 245, TL on Weeks Rd, TL on 2nd Sulton Loop 3rd lot on R
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
- Installers Address 1004 SW Charles Terrace Lake City FL 32024
  - License Number IH0025145/1 Installation Decal # 4870

- JW Left message 3.30.11 -
- Wendy called Back 3.30.11

PERMIT WORKSHEET

Installer RONNIE NORRIS License # IH/1025145

Manufacturer _____ Length x Width 14X60

Name of Owner of this Mobile Home GAWLIK, LINDA

Phone 386-308-0721

Address 1044 SE Sutton Loop Lake City

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 RN

New Home ☐ Used Home ☑ Year 87

Home installed to the Manufacturer's Installation Manual ☐

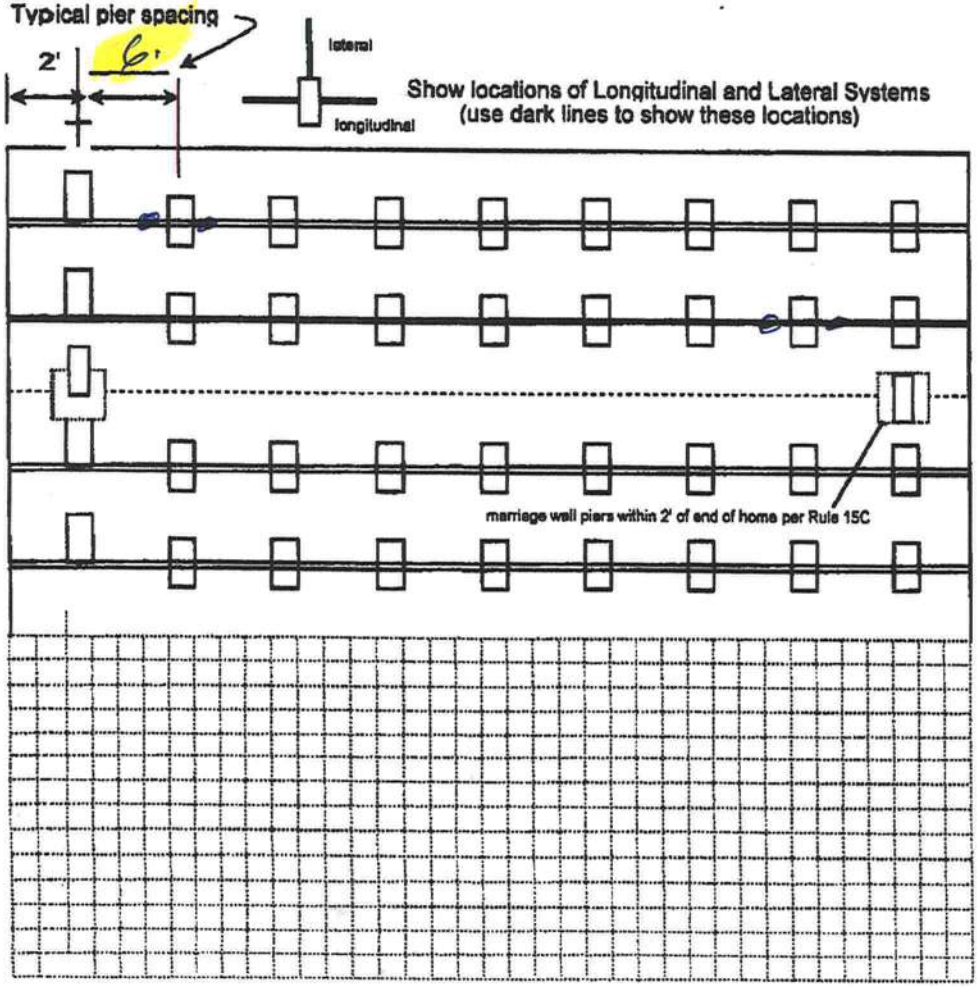
Home is installed in accordance with Rule 15-C ☑

Single wide ☒ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 4870

Triple/Quad ☐ Serial # 3419

Typical pier spacing



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	16 1/2" x 16 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'
~~4500 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.

342 Req. 425 provided

PIER PAD SIZES

I-beam pier pad size 17X25-

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) 16X16

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
SW	SW
SW	SW
SW	SW

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

OTHER TIES

	Number
Sidewall	22
Longitudinal	2
Marriage wall	SW
Shearwall	2

PERMIT WORKSHEET

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 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 275 inch pounds or check here if you are declaring 5' anchors without testing ____. A test showing 275 inch pounds or less will require 4 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.

SV Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name [signature]

Date Tested 3-23-011

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: _____ 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, 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 _____

Type gasket _____
Pg. _____

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

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 [signature] Date 3-28-011

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronnie Norris PHONE 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 Linda Gawlik License #: owner	Signature Phone #: 386-308-0721
MECHANICAL/ A/C ✓	Print Name Linda Gawlik License #: owner	Signature Phone #: 386-308-0721
PLUMBING/ GAS	Print Name License #:	Signature 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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR RONNIE D. NORRIS PHONE 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 _____ License #:	Signature _____ Phone #:
MECHANICAL/ A/C _____	Print Name _____ License #:	Signature _____ Phone #:
PLUMBING/ GAS ✓	Print Name RONNIE D. NORRIS License #: IH/1025145	Signature _____ Phone #: 623-7716

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.

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statues 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

I, Lonnie Norris, license number IH1025145U

state that the installation of the manufactured home for owner

Steven & Linda Gawlik at

911 Address: 1044 SE Sulton Loop City Lake City

will be done under my supervision.

Signed: _____
Mobile Home Installer

Sworn to and described before me this 23 day of March 2011

Shirley M Bennett
Notary public

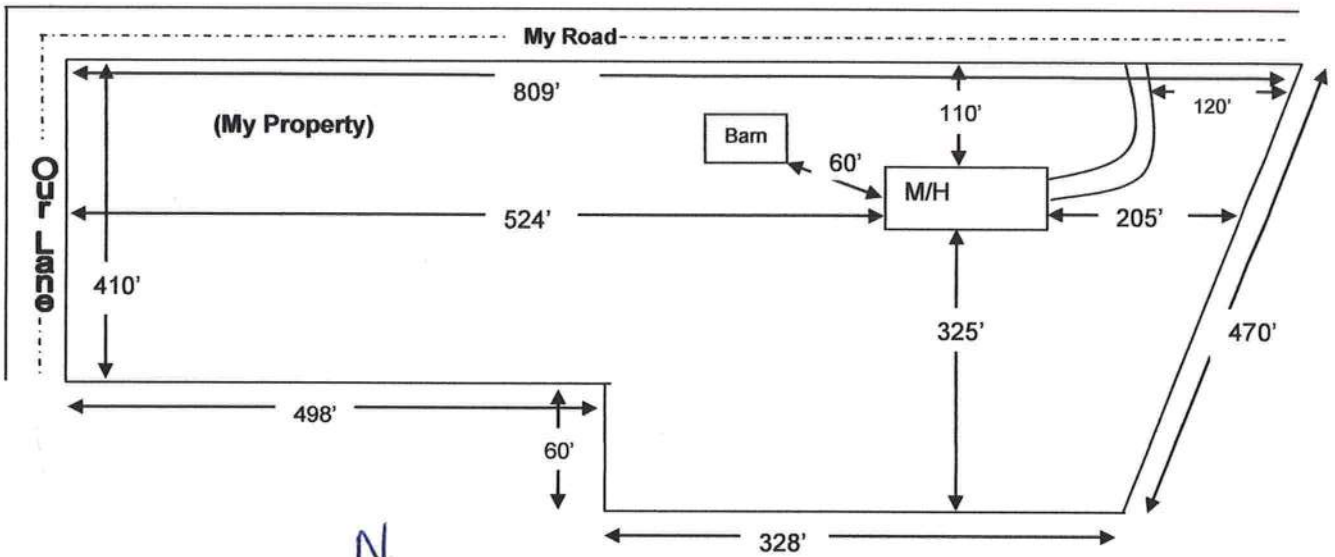
Shirley M Bennett Personally known ✓
Notary Name

DL ID_____

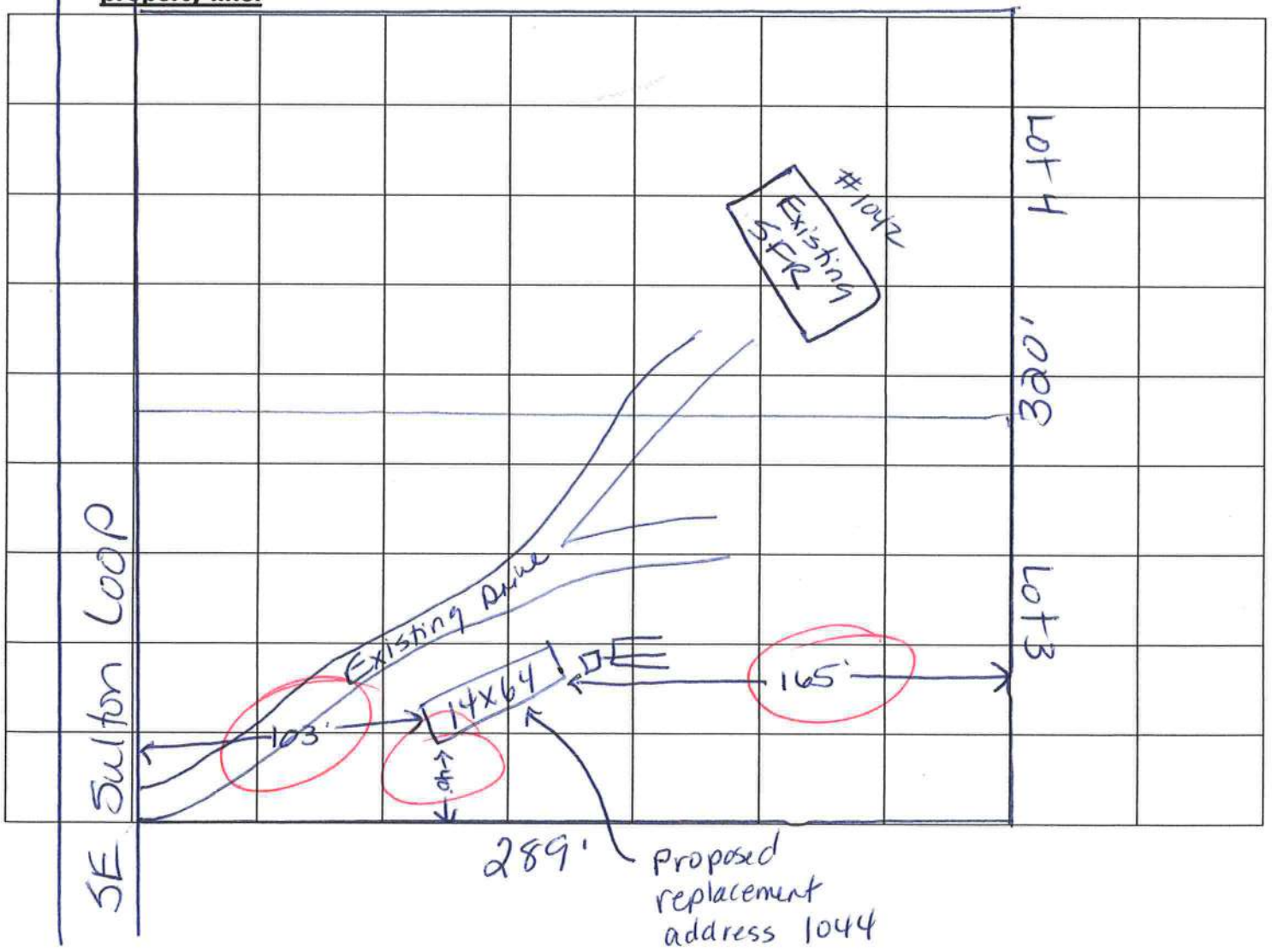
SHIRLEY M. BENNETT
MY COMMISSION # DD804429
EXPIRES July 08, 2012
(407) 398-0153 FloridaNotaryService.com

Gawlik
Sulton Loop

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. <u>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.</u>



>> Print as PDF <<

COMM NE COR OF NW1/4 OF SE1/4, RUN S 1797.62 FT FOR POB, CONT S 320 FT, W 289.44 FT, N 320 FT, E 293.32 FT TO POB. (AKA

GAWLIK STEVEN R & LINDA M & MARIE PROULX
1042 SE SULTON LOOP
LAKE CITY, FL 32025

13-4S-17-08335-002

Columbia County 2011 R
CARD 001 of 001
PRINTED 2/17/2011 14:17 BY JEFF
APPR 10/25/2005 DF

BUSE	000100	SINGLE FAM		AE? Y		1536	HTD AREA	103.000	INDEX	13417.01	DEERHAVEN		PUSE	000100	SINGLE FAMILY
MOD	1	SFR	BATH	1.00		1656	EFF AREA	48.410	E-RATE	100.000	INDX	STR 13- 4S- 17			
EXW	06	BD/BATTEN	FIXT			80167	RCN			1984	AYB	MKT AREA 04			60,125 BLDG
%		0000000000	BDRM	3		75.00	%GOOD	60,125	B BLDG VAL	1990	EYB	(PUD1			17,112 XFOB
RSTR	08	IRREGULAR	RMS									AC	2.137		19,448 LAND
RCVR	03	COMP SHNGL	UNTS									NTCD			0 CLAS
%		N/A	C-W%									APPR CD			0 MKTUSE
INTW	05	DRYWALL	HGHT									CNDO			96,685 JUST
%		N/A	PMTR									SUBD			96,685 APPR
FLOR	14	CARPET	STYS	1.0								BLK			
%		N/A	ECON									LOT			0 SOHD
HTTP	04	AIR DUCTED	FUNC									MAP# 153			0 ASSD
A/C	03	CENTRAL	SPCD									HX WX			0 EXPT
QUAL	05	05	DEPR	52								TXDT	003		0 COTXBL
FNDN		N/A	UD-1	N/A											
SIZE	04	IRREGULAR	UD-2	N/A											
CEIL		N/A	UD-3	N/A											
ARCH		N/A	UD-4	N/A											
FRME	01	NONE	UD-5	N/A											
KTCH	01	01	UD-6	N/A											
WNDO		N/A	UD-7	N/A											
CLAS		N/A	UD-8	N/A											
OCC		N/A	UD-9	N/A											
COND	03	03	%	N/A											

FIELD CK: HX AppYr 2007
LOC: 1042 SULTON LP SE LAKE CITY

```
                +----14---+
                8FOP1993  8
                I         I
      +---------33----14---+-----15---+
      IBAS1993                       I
      I                              I
      I                              I
      2                              I
      2                              I
      I                              3
      I                              2
+--8--+                              I
IUST1993                             I
1     1                              I
0     0                              I
+--8--+-5+---------28--------+-------+
         9UOP1993            9
         I                   I
         +---------28--------+
```

BLDG TRAVERSE

BAS1993=W15 FOP1993=N8 W14 S8 E14$W33 S22 UST1993=W8 S10 E8 N10$ S10 E5 UOP1993=S9 E 28 N9 W28$ E43 N32$.

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS93	1536	100	1536	55769
FOP93	112	30	34	1234
UST93	80	45	36	1307
UOP93	252	20	50	1815
TOTAL	1980		1656	60125

PERMITS

NUMBER	DESC	AMT	ISSUED
8817	M H	125	9/07/1994

SALE

BOOK	PAGE	DATE		PRICE
1080	1189	4/10/2006	Q I	142500
GRANTOR THOMAS & JOHN CHICOSKI AS TRUSTEES				
GRANTEE STEVEN R & LINDA M GAWLIK & MARIE				
899	2224	3/29/2000	Q I	70000
GRANTOR BEARD'S				
GRANTEE THOMAS & JOHN CHICOSKI AS TRUSTEES				

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y		0166	CONC,PAVMT				1		1993	1.00	1.000	UT	300.000	300.000		100.00	300
Y		0280	POOL R/CON				1		1993	1.00	450.000	SF	33.000	33.000		40.00	5,940
Y		0296	SHED METAL	14	20		1		1993	1.00	1.000	UT	500.000	500.000		100.00	500
Y		0210	GARAGE U	20	22		1		1993	1.00	440.000	SF	18.000	18.000		100.00	7,920
Y		0297	SHED CONCRET	12	57		1		1993	1.00	684.000	SF	3.000	3.000		100.00	2,052
Y		0169	FENCE/WOOD				1		2005	1.00	1.000	UT	400.000	400.000		100.00	400

FIELD CK:

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	{UD1 {UD2	{UD3 {UD4	FRONT	BACK	DEPTH	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000100	SFR	RSFMH1	0	0008		0001	0003		320		291	1.00 1.00 1.00 1.00	1.000	LT	9841.500	9841.50	9,841
N	009947	SEPTIC	00										1.00 1.00 1.00 1.00	1.000	UT	750.000	750.00	750
Y	000000	VAC RES	00										1.00 1.00 .90 1.00	1.000	LT	9841.500	8857.00	8,857

Gawlik
App # 1103-43

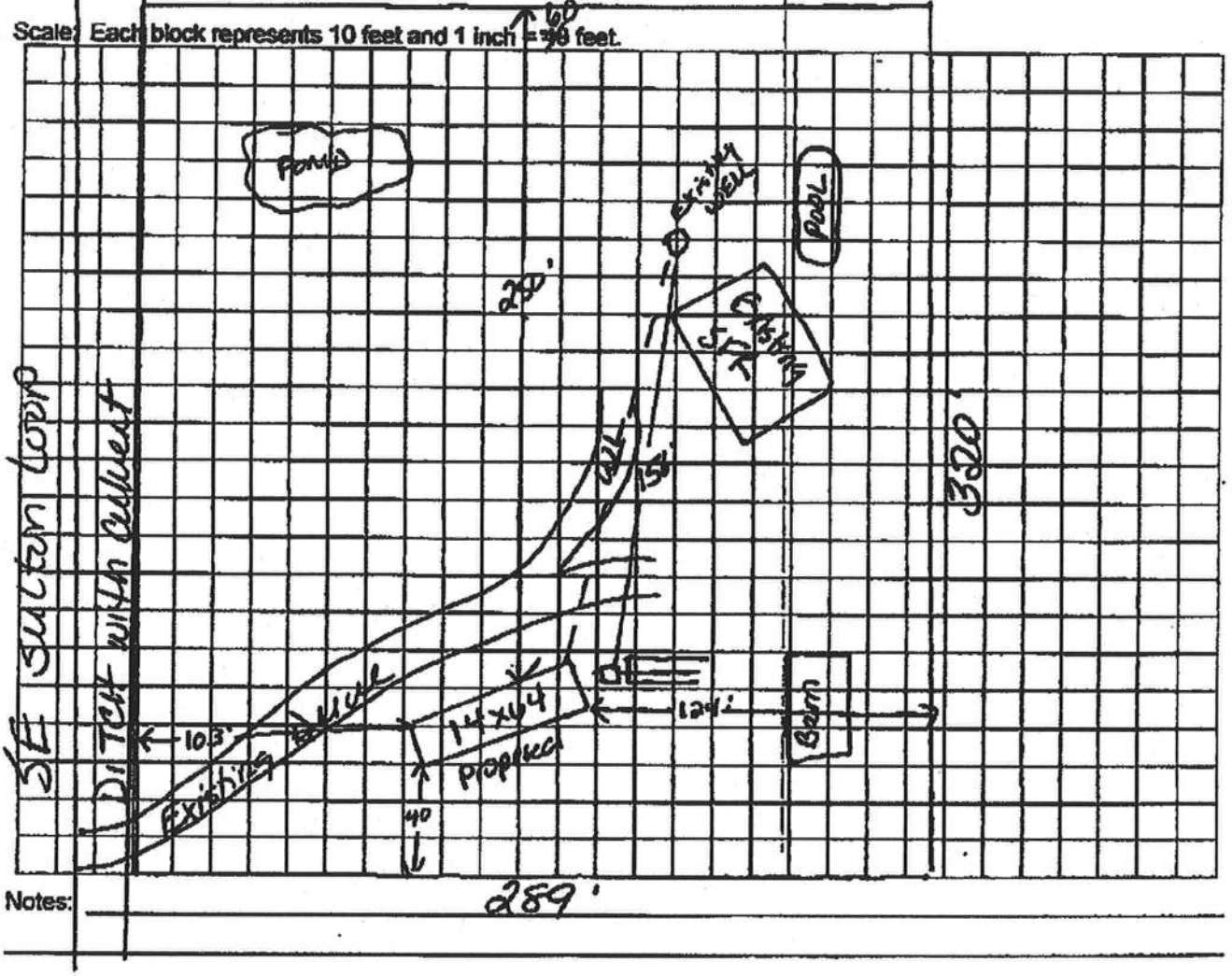
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 11-0158E

Gawlick

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: Wendy Grennell 3/23/11 Agent

Plan Approved X Not Approved ____ Date 3/28/11

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT # 1103-43

DATE RECEIVED 3/24 BY JW IS THE M/H ON THE PROPERTY WHEN THE PERMIT WILL BE ISSUED? No

OWNERS NAME Steven & Linda Gawlik PHONE 386 208-0216 CELL 386-965-3983

ADDRESS 1042 Sutton Loop Lake City FL 32025

MOBILE HOME PARK N/A SUBDIVISION Deerhaven

DRIVING DIRECTIONS TO MOBILE HOME 90 West to CR 247 turn (L) to CR 242 turn (R) to SW Charles Terr turn (L) to 1002 on (R) home is on the (L) side of Blue Dumit

MOBILE HOME INSTALLER Ronnie Norris PHONE _____ CELL 386-623-7716

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1989 SIZE 14' x 60 COLOR Beige with Brown trim

SERIAL No. FLFLSEIAH11701341 9

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

- 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 / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NO WEATHERTIGHT ( ) NEEDS CLEANING
- P — WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WILL TIGHTEN
- P — ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED P WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [signature] ID NUMBER 452 DATE 3-25-11

Gawlik
app# 1103-43

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: 3/10/2011 **DATE ISSUED:** 3/25/2011

ENHANCED 9-1-1 ADDRESS:

1044 SE SULTON LOOP

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

13-4S-17-08335-002

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE. 2ND LOCATION ON PARCEL

Address Issued By: _____

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.

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CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 13-4S-17-08335-002 **Building permit No.** 000029280

Permit Holder RONNIE NORRIS

Owner of Building STEVEN & LINDA GAWLIK

Location: 1044 SE SULTON LOOP, LAKE CITY, FL 32025

Date: 04/27/2011

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)