DATE 07/2	0/2009		nbia County Be Prominently Post				PERMIT 000027958
APPLICANT	RICKY M		•		HONE	454-2925	000027750
ADDRESS	3269	SW CR 138		FT. WHITE			FL 32038
OWNER	RICKY M	1URPHY			HONE	454-2925	
ADDRESS	3267	SW CR 138		FT. WHITE			FL 32038
CONTRACTO	R JOE	TODD		P	HONE	386 466-1866	
LOCATION O	F PROPER	TY 47S, TL	ON CR 138, 3.5 MILE	ES ON LEFT, BEFO	ORE 90 D	DEGREE	
		CURVE					
TYPE DEVEL	OPMENT	MH,UTILITY		ESTIMATED COS	T OF CO	NSTRUCTION	0.00
HEATED FLO	OR AREA	1	TOTAL A	REA		HEIGHT	STORIES
FOUNDATION	V	WAI	IS	ROOF PITCH		FI	LOOR
				ROOF TITCH			
LAND USE &	ZONING	<u>A-3</u>			MAX	L. HEIGHT _	
Minimum Set I	Back Requir	ments: STREET	-FRONT 30.	00 R	EAR	25.00	SIDE 25.00
NO. EX.D.U.	0	FLOOD ZONE	X	DEVELOPME	NT PERI	MIT NO.	=
PARCEL ID	23-7S-16-	04298-013	SUBDIVIS	SION			
LOT	BLOCK	PHASE	UNIT		TOTA	AL ACRES 10	0.00
			IH0000770		/	1m	, /
Culvert Permit	No.	Culvert Waiver	Contractor's License N	Number	gue	Applicant/Owner	Contractor
EXISTING		09-376	CS			VR	Y
Driveway Conr	ection	Septic Tank Numbe	r LU & Zo	oning checked by	Apr	proved for Issuance	e New Resident
						Check # or C	ash CASH
		FOR B	UILDING & ZON	IING DEPART	MENT	ONLY	(footer/Slab)
Temporary Pov	ver		Foundation			_ Monolithic _	
Under elek		date/app. by	01.1	date/app. by			date/app. by
Under slab roug	gn-in piumo		pp. by	date/app.	by	Sheathing/	Nailing date/app. by
Framing			sulation	date/app.	Uy		date/app. by
5553 A	date/ap	p. by		date/app. by			
Rough-in pluml	oing above s	slab and below wood	floor		Ele	ectrical rough-in	
	- 77 00		-	date/app. by	- Follow		date/app. by
Heat & Air Duc	··· 3	ate/app. by	Peri. beam (Li		app. by	Pool _	
Permanent power		ассларр. бу	C.O. Final	date/a	арр. бу	Culvert	date/app. by
	da	te/app. by		date/app. by		Curveit	date/app. by
Pump pole d	ate/app. by	Utility Pole	M/H ti	e downs, blocking,	electricit	y and plumbing	1.1.1
Reconnection	FF: -7	da	RV			Re-roof	date/app. by
	d	late/app. by		date/app. by		1001	date/app. by
BUILDING PE	RMIT FEE	\$ 0.00	CERTIFICATION	FEE \$ 0.00		SURCHARGE	E FEE \$0.00
MISC. FEES \$	300.00	ZONING	G CERT. FEE \$ 50.	00 FIRE FEE	\$ _36.6	66 WAST	E FEE \$ 50.25
FLOOD DEVEL	OPMENT	FEE \$/ FLO	OOD ZONE FEE \$ 2	5.00 CULVERT	FEE \$	тот	AL FEE 461.91
INSPECTORS	OFFICE.	Harals	elde	CLERKS O	FFICE	(1)	/

PERMIT

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION Building Official (W) **Zoning Official** (Revised 1-10-08) For Office Use Only _ Date Received 7-7-09 By CH Permit # AP# 0907-08 Development Permit______ Zoning 4-3 Land Use Plan Map Category Flood Zone Comments Finished Floor_____ River____ In Floodway_ FEMA Map# _____ Elevation Site Plan with Setbacks Shown (FE) # 69 - 376 EH Release = Well letter Existing well Recorded Deed or Affidavit from land owner (Letter of Auth. from installer State Road Access □ STUP-MH _____ □ F W Comp. letter ☐ Parent Parcel # Road/Gode Fire PRE-Inspection -OC IMPACT FEES: EMS = TOTAL Pre-Inspection-IC School Property ID # 23 - 7\$ - 16 - 04298 - 013 Subdivision _____ X MH Size 1568 Year 1998 Used Mobile Home_ New Mobile Home Phone # 386-454-2925 Address Name of Property Owner Kicky 911 Address 3267 SW Clay Electric **FL Power & Light** Circle the correct power company -**Progress Energy** Suwannee Valley Electric -(Circle One) lurphy Phone # 386-454-2925 Name of Owner of Mobile Home Address 3269 SW CR Same Relationship to Property Owner ____ Current Number of Dwellings on Property_ ACTES Total Acreage 10.01 acres Lot Size [0.0] Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one) (Putting in a Culvert) (Blue Road Sign) Is this Mobile Home Replacing an Existing Mobile Home_ Driving Directions to the Property are Sアサイ miles CHIL E theridge Name of Licensed Dealer/lostaller Installers Address

(Installation Decal)

License Number TH 6000144

	· U- LSDS PRWS NO 12thall trus	4 Salve Anchors 5-4" of ABS she Ws	17 X X ZS X ABS Pad 5"4" 0/2			marriage wall piers within 2' of end of home per Rule 15C					Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Typical pier spacing	where the sidewall ties exceed 5 ft 4 in. Installer's initials	I understand Lateral Arm Systems cannot be used on any home (new or used)	NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or guad wide sketch in remainder of home	Manufacturer FIEC WOOK Length x width ~ ~ \$ X \$ C		Address of home Dunding installed		Installer JOE Todo License # I.H. 0000770	PITAMI NUMBER
Longitudinal Stabilizing Device (LSD) Manufacturer (1), (2) C C C Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer (2) Sidewall Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall	within 2' of end of home spaced at 5' 4" oc	FRAME TIES	2	Opening Pier and size	List all marriage wall openings greater than 4 foot 26 x 26 676	3/16 1/2	TTT	Pad Size 16 x 16 16 x 18	PIER PAD SIZES	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8	DSf 4'6" 6" 7 8" 8" 8" 8" 8"	g size 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" x 24" 26" y (5q in) (256) 1/2" (342) (400) (484)" (576)" (676)"	PACING TABLE		Triple/Quad Serial # GAFLV 35A13441-	Double wide Installation Decal # 299545	Single wide	Home is installed in accordance with Rule 15-C	Home installed to the Manufacturer's Installation Manual	New Home Used Home	

PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

or check here to declare 1000 lb. soil XZOOS

X ZSeo

without testing.

X

Floor:

Water drainage: Natural

Swale

Pad

Other

Jes

Site Preparation

Debris and organic material removed

Roof: Walls

> Type Fastener: Type Fastener:

1885 Lass

Fastening multi wide units

Length:

6

100

Length:

Spacing: Spacing: Spacing:

20%

Type Fastener: (Specing: 2 % Spacing: 2 % S 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

POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations
- 2 Take the reading at the depth of the footer.
- Using 500 lb. increments, take the lowest reading and round down to that increment

XXXX

Xcox

X 1500

a result of a poorly installed or no gasket being installed. I understand a strip

nomes and that condensation, mold, meldew and buckled marriage walls are

l understand a properly installed gasket is a requirement of all new and used

Gasket (weatherproofing requirement)

TORQUE PROBE TES:

Type gasket

The results of the torque probe test is $\frac{295}{100}$ here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors inch pounds or check A test

Note: A state approved lateral arm system is being used and 4 ft reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity

Installer's initials

Installer Name

Date Tested

OM 0

0

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Other:

Electrical

source. Connect electrical conductors between multi-wide units, but not to the main power This includes the bonding wire between mult-wide units.

Plumbing

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

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

> Electrical crossovers protected. Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications. of tape will not serve as a gasket Range downflow vent installed outside of skirting. The bottomboard will be repaired and/or taped. Yes Drain lines supported at 4 foot intervals. Oak Weatherproofing Miscellaneous Installer's initials Installed: Between Walls Yes Bottom of ridgebeam Yes Between Floors Yes Yes N/A Yes Yes Yes

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature

Date C

000

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: Rick Mu	Solver
Property ID: Sec:Twp:	Rge: Tax Parcel No: 23-75-16-04298
Lot:Block:Subdivisio	oń:
Mobile Home Year/Make:	Size:
Signature of Mobile Horne Installer	
Sworn to and subscribed before me th	nis 2nd day of fly 2009
À ************************************	
	Solution and
otary's name printed/typed	Notary Public, State of Florida
GWEN H. WALKER Notary Public - State of Florida My Commission Expires Dec 29, 2009	Commission No
Commission # DD502988 Bonded By National Notary Assn.	*



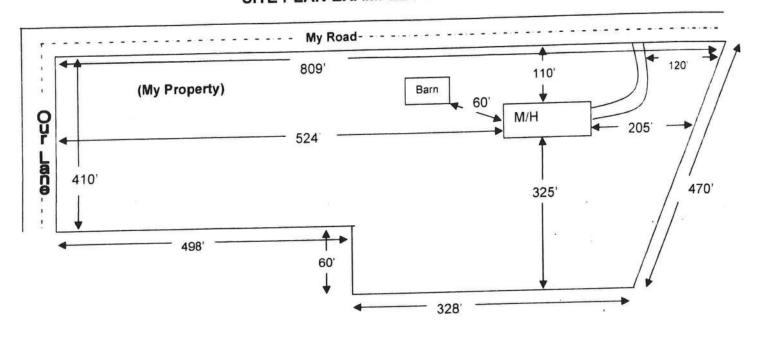
MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statues Section 320.8249 Mobile Home Installers License

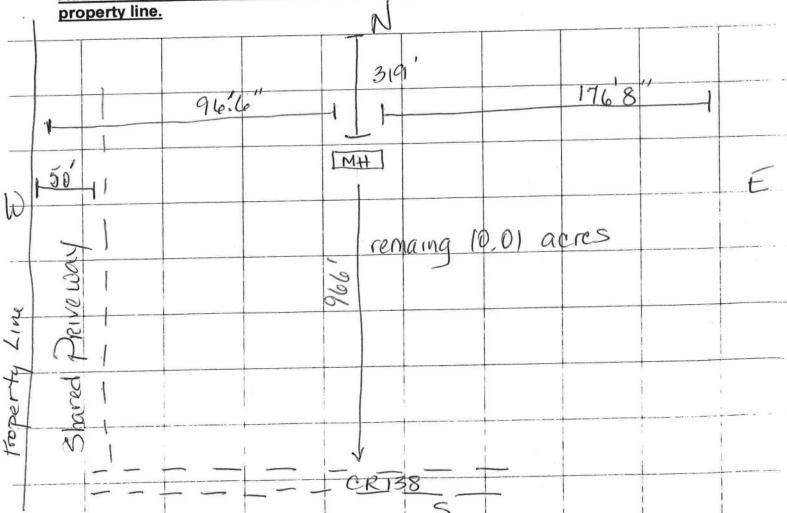
Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee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

it 911 Address:	City
at 911 Address: will be done under my supervision.	TOTAL STATE OF THE PARTY OF THE
1 111	
Signed: //e	
Abbile Home Installer	Additional Processing Association Associat
Sworn to and described/before me this 2	() (
worn to and described before me this	day of 200
Hen Sih Lok	\mathcal{J}
otary public	
A. D.	Personally known
otary Name	
GWEN H. WALKER	DL ID
Notary Public - State of Florida	

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





STATE OF FLORIDA DEPARTMENT OF HEALTH



APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

RW R		100			

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser DB Last Updated: 4/27/2009

2009 Preliminary Values

Search Result: 13 of 27

Tax Record

Property Card

Interactive GIS Map

Print

Next >>

Parcel: 23-7S-16-04298-013

Owner & Property Info

Owner's Name	MURPHY KATH	MURPHY KATHERINE G &						
Site Address								
Mailing Address	RICKY D MURF 3269 SW CR 1 FT WHITE, FL	38						
Use Desc. (code)	PASTURELAN (006200)						
Neighborhood	023716.00	Tax District	3					
UD Codes	MKTA02	Market Area	02					
Total Land Area	10.010 ACRES							
Description	FT TO N R/W C FT, E 330.89 F	R OF NE1/4 OF SW1/4, R-138 FOR POB, CONT T, S 1313.08 FT TO N I O POB. ORB 812-2353, C 1141-237	N 1318.69 R/W CR-138,					

GIS Aerial

Property & Assessment Values

Mkt Land Value	cnt: (0)	\$0.00
Ag Land Value	cnt: (1)	\$2,002.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$2,002.00

Just Value	\$64,189.00
Class Value	\$2,002.00
Assessed Value	\$2,002.00
Exemptions	\$0.00
Total Taxable Value	County: \$2,002.00 City: \$2,002.00 Other: \$2,002.00 School: \$2,002.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/5/2007	1141/237	QC	V	U	01	\$100.00
11/1/1995	812/2353	WD	V	Q		\$22,500.00

Building Characteristics

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

Extra Features & Out Buildings

Code	Desc	Year Bit	Value	Units	Dims	Condition (% Good)
				NONE		

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value		
006200	PASTURE 3 (AG)	0000010.010 AC	1.00/1.00/1.00/1.00	\$200.00	\$2,002.00		
009910	MKT.VAL.AG (MKT)	0000010.010 AC	1.00/1.00/1.00/1.00	\$0.00	\$64,189.00		

Columbia County Property Appraiser

DB Last Updated: 4/27/2009

FL COLOR GAFLV35A13441HL21 DENTIFICATION NUMBER SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL PRIMARY BRAND 1998 HARB SECONDARY BRAND MODEL BODY NO OF BRANDS 돐 WT-L-BHP 56 PVT VESSEL REGIS NO. USE

WILLIAM ROY HUTCHINSON 1821 LONG IRON DR UNIT 407 STEVEN BRYAN WAYBRIGHT FL 32955 둒 무

ODOMETER STATUS OR VESSEL MANUFACTURER OR OH USE

HULL MATERIAL

PROP

09/07/2005 11/04/2005

74196712

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS

LIEN RELEASE

HEREBY RELEASED

G.W. Book, Asst V.P

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to

complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred. FRED O. DICKINSON, I

OBRBTMA'R

DIRECTOR

CARL A FORD

OIOA

1ST LIENHOLDER

05/12/2005 SUNTRUST MORTGAGE, INC 350 N LAKE DESTINY DR MAITLAND FL 32754

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

Control Number 74965108

Address Date Sold:

Selling Price S

miles, date read and to the best of my knowledge CAUTION that it reflects the actual mileage of the vehicle described herein, unless DO NOT CHECK BOX IF ACTUAL amount of mileage in excess of its mechanical limits.

2. I hereby certify that the odometer reading is not the actual mileage, WARNING - ODOMETER DISCREPANCY. 1. I hereby certify that to the best of my knowledge the odometer reading reflects the

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE Printed Name of

MILEAGE

No. Co-Seller Printed Name of rinted Name of Printed Name of urchaser Tax Collected:

Selling Dealer's License

Auction Name

When Applicable)

ignature of

gnature of

License Number:

To Whom it May Concern:

I, Rick Murphy, have terminated the agreement I had with Joe Todd on Friday, July 24, 2009, for the following reasons:

- * Drinking beer and smoking pot on the job.
- Trying to do shoddy work
- Deliberating destroying private property
- * Becoming hostile and threatening, requiring the law to be called to the site
- * Eye witnesses saw him take a hammer and hit the side of the mobile home, damaging the vinyl siding, and when confronted, Joe Todd denied it.
- * Came to my home at 10 p.m. at night demanding payment in full even though the job was not complete and refused to leave the front porch when my wife told him we would not pay him at this late hour since the job could not be inspected in the dark and to return in the morning. At this point this is when the deliberate damage to the mobile home occurred.

For the above reasons, we have terminated any and all prior agreements with Joe Todd and have engaged Triple A Mobile Home Movers and Setup, owner Vic. ETHIRA E

Rick D. Murphy, Sr

7-27-09



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

7	135 N	E Hernando Ave, Suite	B-21, Lake City, FL 32
!		Phone: 386-758-1008	Fax: 386-758-2160
TO	CEDL.	TON	(license holder nam

1, JOSEPH 1000	(license holder name), licensed qualifier								
for JOE TODO'S MUSELF	Thanso of (company name), do certify that								
the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person								
1. Ricky D. Murphy	1.								
2.	2.								
3. Void This o	Aeration								
4. Noe do									
5. 7/24/09	5.								
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.									
Ligense Holders Signature (Notarized)									
NOTARY INFORMATION: STATE OF:FloridaCOUNTY O	F <u>: Columbia</u>								
The above license holder, whose name is Jose personally appeared before me and is known by (type of I.D.)	me or has produced identification this Note day of Tuly, 2009.								
NOTARY'S SIGNATURE LAURIE HODSON MY COMMISSION # DD 805657 EXPIRES: July 14, 2012 Bonded Thru Notary Public Underwriters									

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

110.00
COUNTY THE MOBILE HOME IS BEING MOVED FROM UNION
OWNERS NAME RICKY D. MUTPHY PHONE 386 454 2925 CELL 352-359-27
INSTALLER Joe Todd / Permit He Services PHONE 386-466-1866 CELL 386-288-24:
INSTALLERS ADDRESS 3104 5W Old Wre Tood; Ft White FL 32038
963-5524 688 7372
MOBILE HOME INFORMATION
MAKE Palm Harbor YEAR 1998 SIZE 56 x 28
COLOR YELLOW SERIAL NO. GAFLY35 A &B 1344 1HL21
WIND ZONE SMOKE DETECTOR Yes
INTERIOR: Hardwood
poors Hollow
walls 2x+ studs + dry wall
CABINETS Wood
ELECTRICAL (FIXTURES/OUTLETS)
WALLS SIDDING VINY DIGING
windows Double pane
DOORS Solid Steel
STATUS: APPROVEDNOT APPROVED
NOTES: No into on contition of home Lettersuage on Cell
INSTALLER OR INSPECTORS PRINTED NAME TOE Todd
Installer/Inspector Signature [Je /6/2] License No. # D6007? Date C/1/09
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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.
Code Enforcement Approval Signature 2 A Date 7-1-09
01/02/2006 10:02 3867682160 6010 5010 AND 201146 AND 201146



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-0376

	PART II - SITE PLAN	
Scale: Each block represe	ents 5 feet and 1 inch = 50 feet.	
Notes:		
Site Plan submitted by:	Not Approved Date	20.09
By Jalle	Ford El Nector Columbia County Health	Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

BUILDING AND ZONING

PAGE 01/01

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED JULY 17, 2004 BY GLK IS THE MIN ON THE PR	IORCOTY WHERE THE DESIGN AND DESIGN VEC
OWNERS NAME RECKY O. MURPHY PHONE 3	SU HEH 293 Com.
ADDRESS 3269 SW CR 138 FT. WHI	
EASTER FOR LANGUAGE TO A STATE OF THE STATE	BCIVISION N/A
DRIVING DIRECTIONS TO MOBILE HOME SR 47 South, C	/da.h.
on left just before the 90° curve	light onto CR 138 35 miks
MOBILE HOME INSTALLER PErmit Mc Services PHON	# 386 406 1866 CELL
MOBILE HOME INFORMATION Doc Todd	W to the State of Sta
MAKE Edward Palm Harbor YEAR 1998 WIR	28 x 56 COLOR Gream yellow
SERIAL NO. 6 A FLU 35A 13441 - HL 21	COLON STEAM YELLOW
WIND ZONE Must be wind zone II or higher N	O WIND ZONE I ALL CHARD
INSPECTION STANDARDS	A ANNO TOWN I WITCHASED
INTERIOR: (P or F) - P= PASS F= FAILED	
BMOKE DETECTOR () OPERATIONAL () MISSING	
FLOORS () SOLID () WEAK () HOLES DAMAGED LO	WATION
DOORS () OPERABLE () DAMAGED	Color to Character and Color to Color t
- WALLS () SOLID () STRUCTURALLY UNSOUND	
WINDOWS () OPERABLE () INOPERABLE	
	5
PLUMBING FIXTURES () OPERABLE () INOPERABLE ()	MISHING
GEILING () SOLID () HOLES () LEAKS APPARENT	
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPO	SED WIRING () OUTLET COVERS MISSING () LIGHT
EXTERIOR:	*
WALLS I SIDDING () LOOSE SIDING () STRUCTURALLY UNS	
WINDOWS () GRACKED/ BROKEN GLASS () SCREENS MIS	SING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED	
STATUS	
APPROVED WITH CONDITIONS:	
NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITI	Aug.
SIGNATURE AND DIEL - Y	Fig.
SIGNATURE / 1800 - Y	2 7-20 -09

27958

386 758 2160

EWIC!

This is A Block DiAGRAM KUR

The Double wide Come OR Rick Murphy

in Fort white. A instancer By The

NAME OUR 1000 DES NOT VINISH The

JOB And WR. MURPHY Asked We To

Vivisn it

1 hones

Vic Edhenidge

IH0000144

Jhour A 352 2831510

NEED AdditionAc Sheets + New decAl#

Ride Murphy

454-2925

Sent Blocking DiAgrams to Vic

on 9/2/09.

1.9

PERMITTIMORKSHEET

26"x 26" (578) POPULAR PAD SIZES within 2" of end of home spaced at 5" 4" oc page 1 of 2 FRAME TIES OTHER TIES 1998 AMECHORES 口 A SA Serial # [COLC 1 35 A 13 441 24" X 24" (828) Sidewall
Longitudinali
Marriage walli
Shearwall Wind Zone IIII PIER SPACING TABLE FOR USED HOMES K 22'x 22' (484) 4 Year Home installed to the Manafacturer's installation Manual Manufacturer County of Transcript Arms
Manufacturer Draw the approximate locations of maniage wall openings 4 footior prester. Use this symbol to show the piers. 20"×20" (400) List all marriage wall openings greater than 4 foot and their piet pad sizes beliew. Home is installed in accommence with Rule 15-C 口 句 Installation Decal # 32x16 Wind Zone II Pler pad size Longitudinal Stabilizing Device (LSD) TIEDOWN COMPONENTS 18 1/2" x 18 Used Home 1/2" (342) Inflamposited from Rule 15C-1 giver specing PER PAD SIZES 16° x 18° Perimeter pler pad size (256) Other pier pad sizes (required by the mfg.) l-beam pier pad size (sq in) Opening SOUN 800 V REAT Double wide Triple/Duad Single wide New Home 000 ps/ 1000 per 3000 per 1500 ns 2500 per 3500 pe Daering capacity 32038 Show locations of Longitudinel and Lateral Systems (use diark lines to show these locations) License # 114 3000 14 merriages well plans weren? of end of home per Rule 15C 28x S6 I understand Lateral Arm Systems cannot be used on any home (new or used where the sidewall lies exceed 5 it 4 in. 15 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 Barr whole NIN Literath x 1 Width Installer's infitate ic Edwarichie CR 138 386 454 29 Check wood Name of Clamer of Athis Mobile Home 3 Address 3269 (ypical planapacing Manufachurer NOTE: Installer Phone

BUILDING AND ZONING

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Site Properation

PERMIT NUMBER

Site Preparation	Debris and organic material memoved Water drainage: Natural L Swele Pad Other		Roof: Type Fastener: Longth: C. Spacing: 2. 1 Roof: Type Fastener: Longth: C. Spacing: 2. 1 For used homes ammin. 30 pauge, 8" wide, gahenized restal strip will be centered ower the peak of the roof and fastened with galv. roofing naits at 2" am center on both sides of the centeriae.	Caming the property installed gasket is a requirement of all new and used bornes and that condensation, most methow and trunklad marriage uses	a result of a poorly installed on no gasket being installed. I understand a strip of tape will not serve as a gasket.	The Installer's initials	Type gasket Poly No. Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	Westineproofing	The bottomboard will be repaired and/or taped. Yes Siding on units is instalked to manufacturer's specifications. (Yes Fireplace chimney instalked seasa not to allow intrusion of rain water. Yes	Kscetansous	Skirting to be installed. Yes	Dryst verit installed outside off skirting (Yes) N/A Range downflow verit installeath outside of skirting (Yes) N/A Drain lines supported at 4 footbillinentals (Yes)	Electrical crossovers protection Yes Other :		
POCKET DEARTMENT TO THE	r tests are rounde 1000 lb. soil	x cap x	POCKET PENETROMETER TESTING METHOD 1. Test the perimater of the frame at 8 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.	xx	TORGUE PROME TEST	The results of the torque probe tast is ZXX inch pounds or check here if you are declaring 5' anchors without tenting A tast 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 lacations. I understand 5 ft.	reading is 275 or less and where the mobile home manufacturer may require another with 4000 it holding capacity.	AAL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	Installer Name	Date Testing 19880 IN P. Date 1980 IN	Electrical Transfer of the Control o	Antonic absolutes from behave a to the control of t	course. This includes the bonding wire between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

installer verifies all information given with this permit worksheet is accumile and true based on the

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They dee P Installer Signatura

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

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

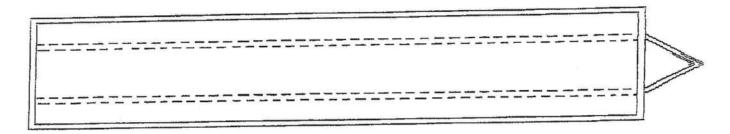
Plumbing

PAIL

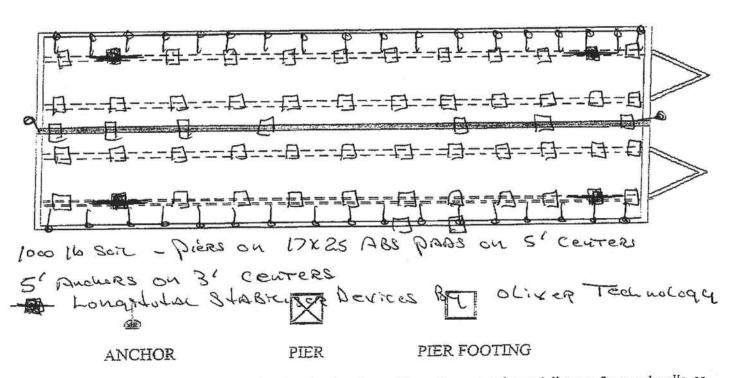
FAX 386 7582160

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



DOUBLE WIDE MOBILE HOME



Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

Page 9 of