

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

*For Office Use Only*

(Revised 7-1-15)

Zoning Official LN

Building Official MD

AP# 1961-38

Date Received 1-14-19

By LN

Permit # 37768

Flood Zone X

Development Permit

Zoning A3

Land Use Plan Map Category A

Comments Home placed on Both lots 143 & 144, can't be split while M/H is in this location.

FEMA Map#

Elevation

Finished Floor 1st floor

River

In Floodway

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0044-6 ☐ Well letter OR

☒ Existing well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # ☐ STUP-MH ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment Paid on Property ☒ Out County ☒ In County 2.19.19 ☒ Sub VF Form

Property ID # 00-00-00-01380-000 Subdivision Three Rivers Estates Unit 21 Lot# 143/144

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home X MH Size 14 x 52 Year 2015

▪ Applicant Dale Burd Phone # 386-365-7674

▪ Address 20319 CR 137, Lake City, FL, 32024

▪ Name of Property Owner Victor Rose & Brandon Rose (JTWRS) Phone# 386-288-6824

▪ ☒ 911 Address 2105 SW Newark Dr, Fort White, FL, 32038

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

▪ Name of Owner of Mobile Home Same Phone # Same

Address Same

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 1 RV

▪ Lot Size 200 x 400 Total Acreage 1.836

▪ 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

▪ Driving Directions to the Property 47 South, TR US 27, TL Riverside Ave (3 Rivers), TL Utah St, TR Newark Dr, to address 2105 on left

▪ Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716

▪ Installers Address 1004 SW Charles Terr, LC, FL, 32024

▪ License Number IH-1025145 Installation Decal # 50235

Sent Dale an email 1-14-19 & 1-31-19

\$ 325.00



# PERMIT NUMBER

# PERMIT WORKSHEET

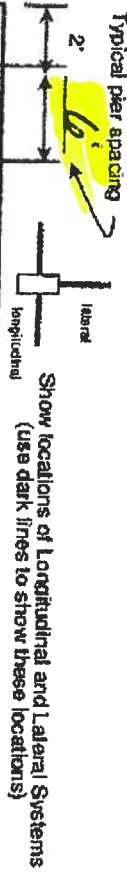
Installer Ronnie Norris License # IH 1025145  
 Installer Mobile Phone # 386-623-7716

Address of home being installed 2105 Ste Newark Dr  
FAITH HILL, FL 32038

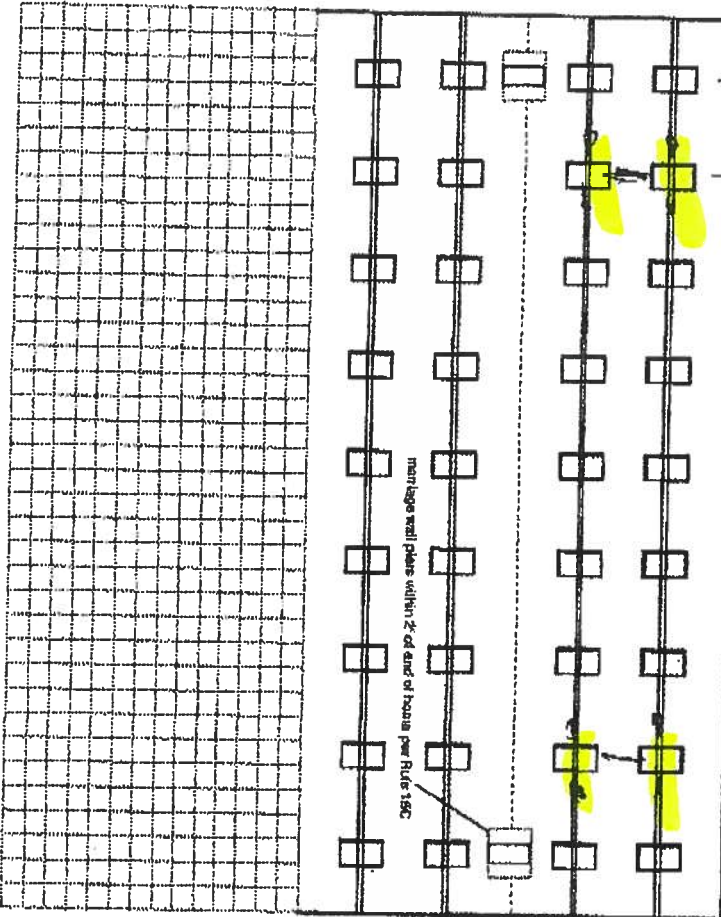
Manufacturer HDM Length x width 14' x 52'

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 KN



marriage wall piers within 2' of end of house 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 Detail # 50235

Triple/Quad ☐ Serial # 300317

Roof System: ☒ Typical ☐ Hinged

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	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"	8"
1500 psf	4"	5"	6"	7"	8"	8"	8"
2000 psf	6"	7"	8"	8"	8"	8"	8"
2500 psf	7"	8"	8"	8"	8"	8"	8"
3000 psf	8"	8"	8"	8"	8"	8"	8"
3500 psf	8"	8"	8"	8"	8"	8"	8"

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

## PIER PAD SIZES

I-beam pier pad size 17x25  
 Perimeter pier pad size NA  
 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 SW Pier pad size SW

SW SW

## THE DOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer \_\_\_\_\_

## ANCHORS

4" 5 ft

## FRAME TIES

within 2' of end of home spaced at 5' 4" oc

## OTHER TIES

Sidewall \_\_\_\_\_ Number \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Shearwall \_\_\_\_\_

## PERMIT NUMBER

## PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 500 psi or check here to declare 1000 lb. soil without testing.

x 500x 500x 500

## 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 500x 500x 500

## TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing 147 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 require anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS WERE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

11-01-19

## 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. \_\_\_\_\_

## 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. \_\_\_\_\_

## Slip Preparation

Debris and organic material removed

Swale

Pad

Other

## Fastening multi wide units

Floor:

Type Fastener:

Length:

Spacing:

Walls:

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 Installation/Replacement

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

SU

Type gasket

SU

Installed:

Between Floors

Yes

Between Walls

Yes

Bottom of ridgebeam

Yes

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_ Pg. \_\_\_\_\_

Siding on units is installed to manufacturer's specifications. Yes \_\_\_\_\_

Fireplace chimney installed so as not to allow intrusion of rain water. Yes \_\_\_\_\_

## Miscellaneous

Skirting to be installed. Yes \_\_\_\_\_ No \_\_\_\_\_

Dryer vent installed outside of skirting. Yes \_\_\_\_\_ N/A \_\_\_\_\_

Range downflow vent installed outside of skirting. Yes \_\_\_\_\_ N/A \_\_\_\_\_

Drain lines supported at 4 foot intervals. Yes \_\_\_\_\_

Electrical crossovers protected. Yes \_\_\_\_\_

Other: \_\_\_\_\_

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

Installer Signature

[Signature]

Date

1-11-19

Parcel: 00-00-00-01380-000

**Owner & Property Info**

Owner	ROSE VICTOR & BRANDON ROSE (JTWRS) ← 151 NE WAYLAN GLEN LAKE CITY, FL 32055		
Site	2105 NEWARK DR, FT WHITE		
Description*	LOTS 143 & 144 UNIT 21 THREE RIVERS ESTATES. ORB 703-833, 904-2599 & 906- 503. WD 1066-1413. (DC FREDDIE 1066-1421), WD 1122-1688, 1139 -443, WD 1228-2183, CWD 1260- 1092, WD 1260-1094,		
Area	1.836 AC	S/T/R	36-6S-15
Use Code**	AC/XFOB (009901)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

**Property & Assessment Values**

2018 Certified Values		2019 Working Values	
Mkt Land (2)	\$21,800	Mkt Land (2)	\$21,800
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (1)	\$1,200	XFOB (1)	\$1,200
Just	\$23,000	Just	\$23,000
Class	\$0	Class	\$0
Appraised	\$23,000	Appraised	\$23,000
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$23,000	Assessed	\$23,000
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$23,000 city:\$23,000 other:\$23,000 school:\$23,000	Total Taxable	county:\$23,000 city:\$23,000 other:\$23,000 school:\$23,000

2016 2013 2010 2007 2005 2004 1999 Sales parcel) click hover

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

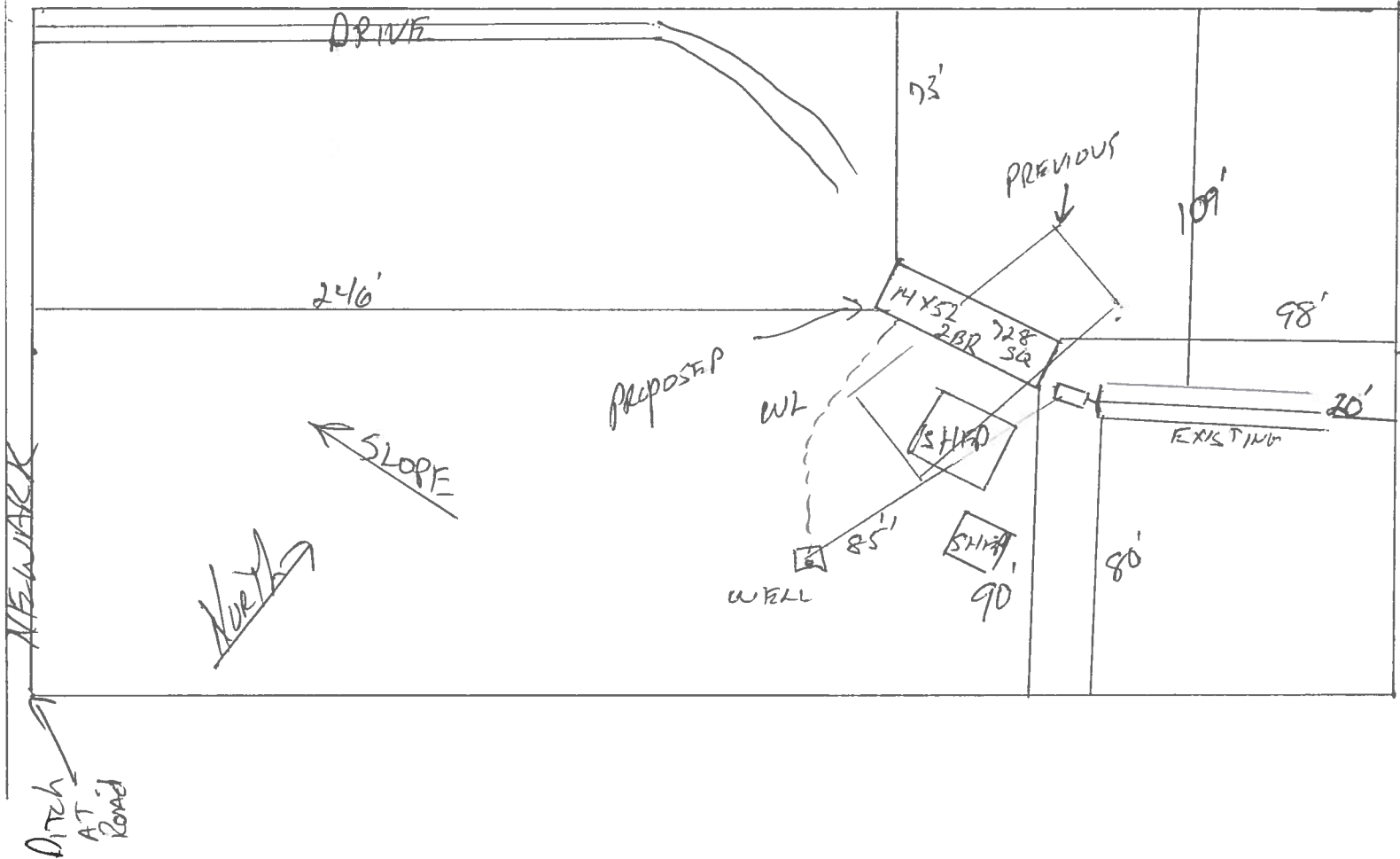
Permit Application Number \_\_\_\_\_

*Rose*

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

Scale: 1 inch = <sup>50'</sup>~~40~~ feet.

*4100'*



Notes: \_\_\_\_\_

Site Plan submitted by: *[Signature]* *11/10/19*

CONTRACTOR

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM


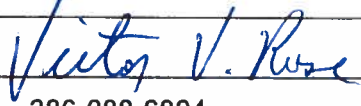


APPLICATION NUMBER 1901-38 CONTRACTOR Ronnie Norris PHONE 386-623-7716

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Victor Rose

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.*

<b>ELECTRICAL</b> 	Print Name <u>Victor Rose</u> License #: <u>Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u></u> Phone #: <u>386-288-6824</u>
<b>MECHANICAL/</b> <b>A/C</b> <u>428</u> 	Print Name <u>Thomas Bucchi</u> (ACE Heat and Air) License #: <u>CAC 058170</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u></u> Phone #: <u>386-754-8889</u>

*Qualifier Forms cannot be submitted for any Specialty License.*

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.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT  
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
.135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

I, Thomas Bucchi (license holder name), licensed qualifier  
for A.C.E. Heat and Air, INC (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. Dale Burd	1.
2.	2.
3.	3.
4.	4.
5.	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.

License Holders Signature (Notarized)

CAC 058170  
License Number

1/10/19  
Date

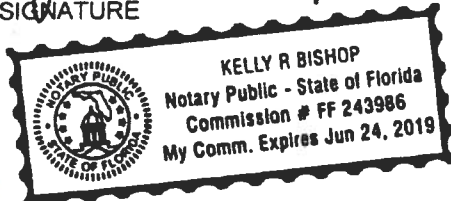
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Thomas Bucchi,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) FLDL on this 10 day of Jan, 20 19.

NOTARY'S SIGNATURE

(Seal/Stamp)



## Legend

### Roads

- Roads
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private
- Parcels

### 2016Aerials

- Addresses

### DevZones1

- others
- A-1
- A-2
- A-3
- CG
- CHI
- CI
- CN
- CSV
- ESA-2
- I
- ILW
- MUD-1
- PRD
- PRRD
- RMF-1
- RMF-2
- RO
- RR
- RSF-1
- RSF-2
- RSF-3
- RSF/MH-1
- RSF/MH-2
- RSF/MH-3
- DEFAULT

### 2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

# Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Jan 14 2019 15:54:31 GMT-0500 (Eastern Standard Time)



ok for 911  
Address *[Signature]*

## Parcel Information

Parcel No: 00-00-00-01380-000

Owner: ROSE VICTOR &

Subdivision: THREE RIVERS ESTATES UNIT 21

Lot:

Acres: 1.8331877

Deed Acres: 1.83 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones: 0.2 PCT ANNUAL CHANCE FLOOD HAZARD,

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.



STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Brandon Rose

as the owner of the below described property:

Property tax Parcel ID number 00-00-00-01380-000

Subdivision (Name, lot, Block, Phase) Lots 143 & 144 Three Rivers Estates Unit 21

Give my permission for Victor Rose to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /  
Barn - Shed - Garage / Culvert / Other \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

B. Rose 3/8

Owner Signature

1-15-19

Date

Owner Signature

Date

Owner Signature

Date

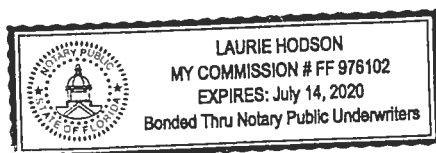
Sworn to and subscribed before me this 15 day of January, 2019. This

(These) person(s) are personally known to me or produced ID FIDC  
(Type)

[Signature]  
Notary Public Signature

Notary Printed Name

Notary Stamp/





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

PERMIT NO. 19-0844  
DATE PAID: 1-11-19  
FEE PAID: 240.00  
RECEIPT #: 1372192

## APPLICATION FOR:

☐ New System      ☒ Existing System      ☐ Holding Tank      ☐ Innovative  
☐ Repair      ☐ Abandonment      ☐ Temporary      ☐

APPLICANT: Victor RoseAGENT: Dale Burd / Dale Burd LLCTELEPHONE: 386-365-7674MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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: 143/144 BLOCK: na SUBDIVISION: Three Rivers Estates Unit 21 PLATTED: naPROPERTY ID #: 00-00-00-01380-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 1.836 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: na FTPROPERTY ADDRESS: 2105 SW Newark Dr, Fort White, FL, 32038DIRECTIONS TO PROPERTY: 47 South, TR US 27, TL Riverside Ave, TL Utah St, TR Newark Dr, to address 2105 on left

## 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	SF Residential	2	728	4 BR DW 2280 Sq to 2 BR SW 728 Sq
2				Permit 08-0017 attached
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 1/10/2019

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

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

Permit Application Number

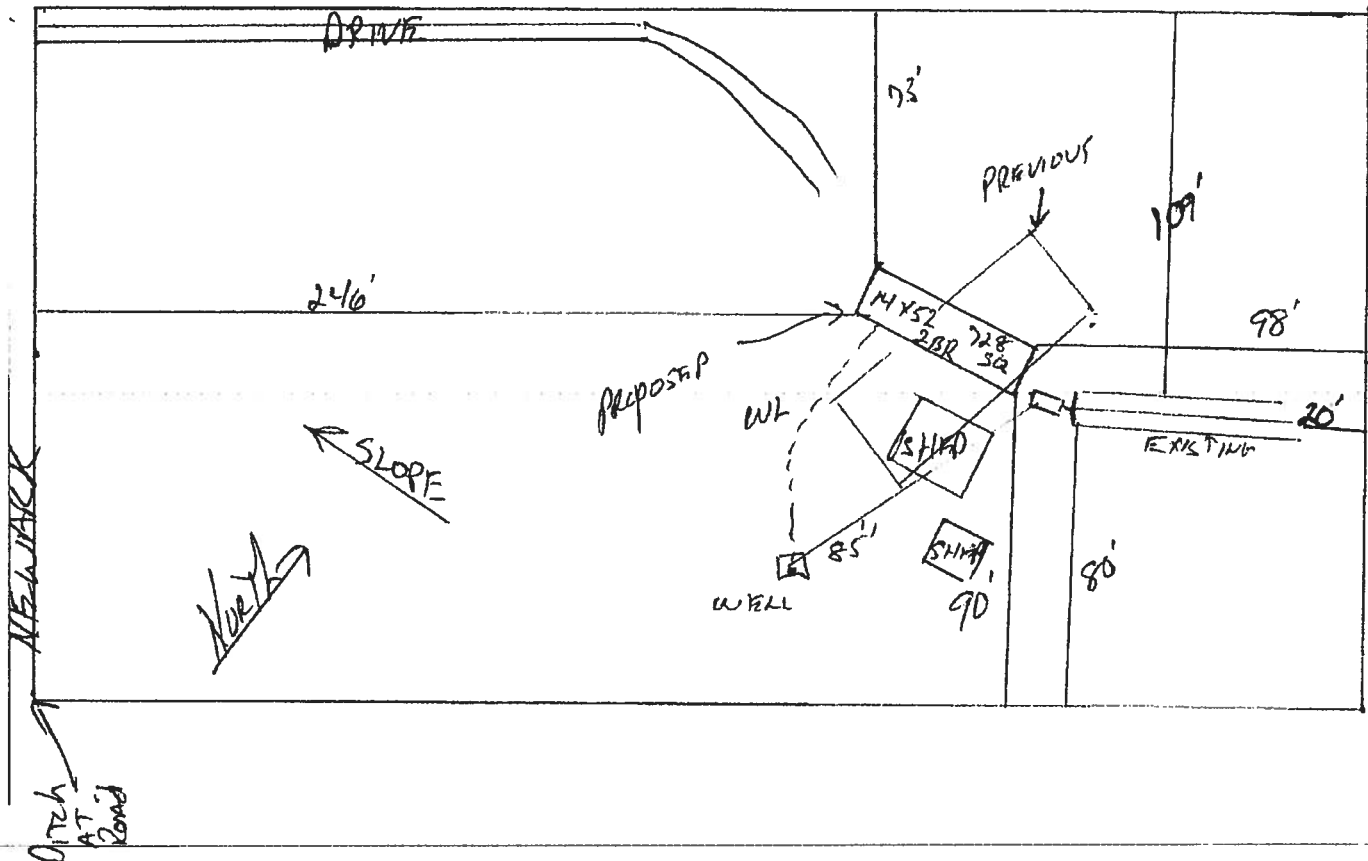
19-0044

Rose

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

Scale: 1 inch = <sup>50</sup>/<sub>40</sub> feet.

4100'



Notes:

Site Plan submitted by:

Plan Approved

By

Not Approved

ESI

Columbia

CONTRACTOR

Date 1/14/19

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



## COLUMBIA COUNTY BUILDING DEPARTMENT

Application # 1901-38\$50.00 Fee Paid ☒

*Out of County form*

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NOOWNERS NAME Victor Rose PHONE \_\_\_\_\_ CELL 386-288-6824ADDRESS 2105 SW Newark Dr, Fort White, FL, 32038MOBILE HOME PARK na SUBDIVISION Three Rivers Estates Unit 21DRIVING DIRECTIONS TO MOBILE HOME 47 South, TR US 27, TL Riverside Ave (3 Rivers), TL Utah  
St, TR Newark Dr, to address 2105 on leftMOBILE HOME INSTALLER Ronnie Norris PHONE \_\_\_\_\_ CELL 386-623-7716

## MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2015 SIZE 14 x 52 COLOR \_\_\_\_\_SERIAL No. FL26100PHB200367AWIND 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

*Coming from  
Hamilton Co.*

## 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: PNOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS P

BUILDING INSPECTOR'S SIGNATURE

*[Signature]*

ID NUMBER

*JH1025145/1*

DATE

*1-14-2019*

*I could not leave a message for Ronnie. Mailbox  
is full. Spoke to Ronnie - he called back at  
1-14-19*



# Mobile Home

Applicant: DALE BURD (386.497.2311) Application Date: 2/18/2019

Convert To ▾

1. ACTION LOCATION

## Completed Inspections


Add Inspection

Release Power


2. CONTRACTOR

Schedule Inspection ([ScheduleInspection.aspx?id=40317](#))

3. MOBILE HOME  
DETAILS

Inspection	Date	By	Notes
Septic Release Inspection	2/18/2019	HEALTH DEPT	

4. APPLICANT

Passed: Mobile Home - In County Pre-Mobile Home before set-up	2/19/2019	TOMMY MATTHEWS	
---	-----------	----------------	---

5. REVIEW

6. FEES/PAYMENT

The completion date must be set To release Certifications to the public.

7.  
DOCUMENTS/REPORTS  
(1)

**Permit Completion Date**  
**(Releases Occupancy and Completion Forms)**

8.  
NOTES/DIRECTIONS

**Permit Closed On**

9. INSPECTIONS (2)

## Incomplete Requested Inspections

Inspection	Date	By	Notes
------------	------	----	-------