

12/18/2006

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000025317

APPLICANT CHRISTOPHER WOODS PHONE 904.616.2301
ADDRESS POB 505 FT. WHITE FL 32038
OWNER CHRISTOPHER WOODS PHONE 904.616.2301
ADDRESS SW TRULUCK TERRACE FT. WHITE FL 32038
CONTRACTOR TIM SWEAT PHONE 904.275.2767
LOCATION OF PROPERTY 47-S TO C-138,TURN E, TO TRULUCK, SOUTH @ 90 DEGREE TURN
1ST. DRIVE AFTER THAT. (LAST GATE ACCESS OFF DRIVEWAY)

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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 35-7S-16-04348-005 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 10.00

IH0000815
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 06-1075-E BLK CFS N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD. ROAD MUT E RENAMED PER R. CROFT. (ISSUE PERMIT)
12.06.2006

Check # or Cash 2073

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
 date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
 date/app. by date/app. by date/app. by
Framing Rough-in plumbing above slab and below wood floor
 date/app. by date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing Pool
 date/app. by date/app. by date/app. by
Reconnection Pump pole Utility Pole
 date/app. by date/app. by date/app. by
M/H Pole Travel Trailer Re-roof
 date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 107.90 WASTE FEE \$ 167.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 550.40
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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

\$ 550.40

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official afs 12/8/06 Building Official OK JH 12-7-06
AP# 0612-15 Date Received 12-6-06 By UH Permit # #25317
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Panel 290
FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☐ Well letter ☒ Existing well
☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer
☒ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

Issue permit without 911 per Ron Cloutt -12/6/06

Property ID # 35-75-16-04348.005 Subdivision _____

- New Mobile Home _____ Used Mobile Home ☒ Year 1985
- Applicant Christopher & DeeJay Woods Phone # 904 616-2301
- Address _____

Name of Property Owner Christopher D. Woods Phone # 904-616-2301
DeeJay M. Woods

911 Address SW Truluck Ter, Ft. White, FL 32038

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

Name of Owner of Mobile Home Christopher D. Woods Phone # 904-616-2301

Address PO Box 505 / 1079 SW Truluck Ter, Ft. White, FL 32038

Relationship to Property Owner Self

Current Number of Dwellings on Property One Garage/Shop

Lot Size _____ Total Acreage 10 Acres

- 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 No (owe)

Driving Directions to the Property From Lake Cit. 90E to 415 to 475W past I-75
to Fort White past US 475 to SW CR 138 left to SW Truluck Terrace
right is straight down limestone/dirt road past sharp right curve 1st drive
left at 1079 Truluck Ter. follow drive downhill to gate on left turn down
lane on left to follow to end Tim's Mobile Home Service 904-275-2767

Name of Licensed Dealer/Installer Tim Sweat Phone # 904-509-2276

Installers Address 11521 Mudlake Road Glen St Mary FL 32040

License Number IH-0000815 Installation Decal # 276114

2013

PERMIT NUMBER

Installer Tim Sweet License # EH-0000815

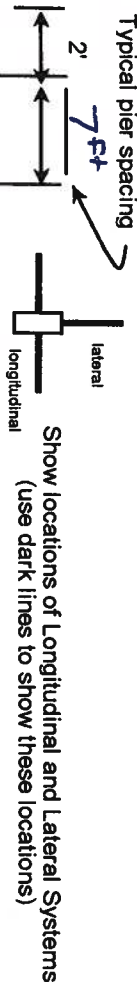
Address of home being installed 1079 SW Truluck Terrace
Fort White, FL

Manufacturer Scott Length x width 54 x 24

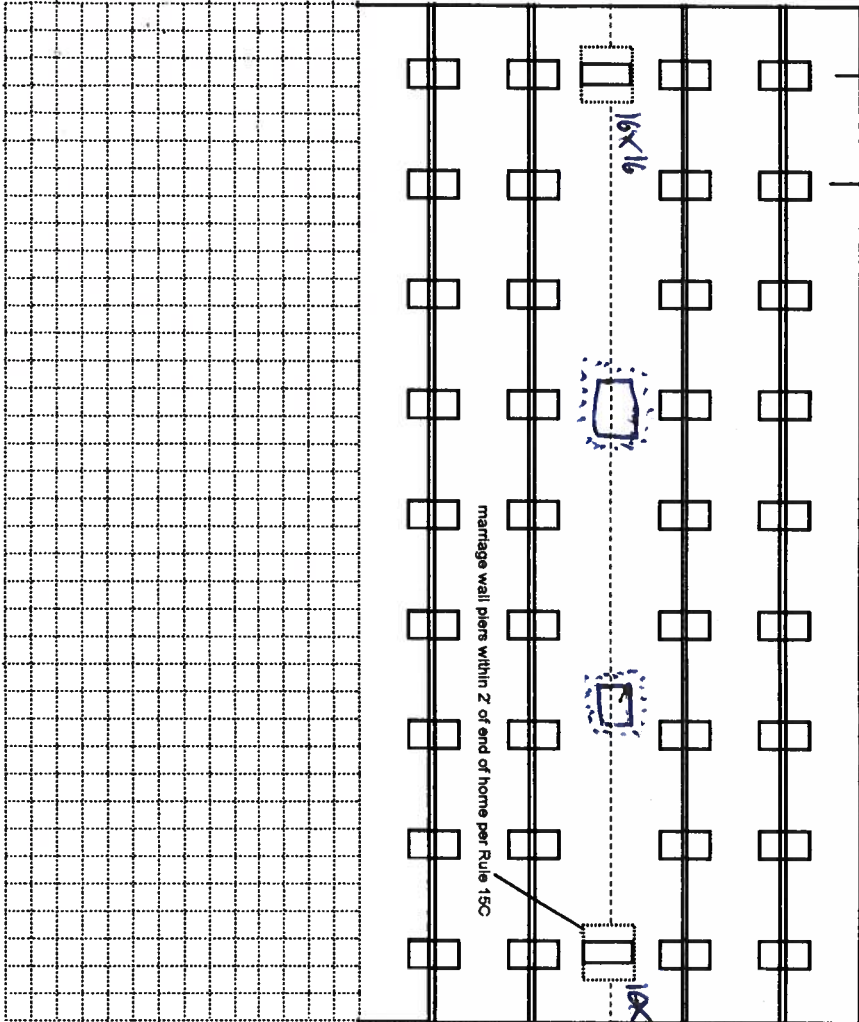
NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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 TAS



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 # 276114

Triple/Quad ☐ Serial # 59305AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16' x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 23 1/4 x 31 1/4 x 1 1/4

Perimeter pier pad size 16 x 16 x 3/4

Other pier pad sizes (required by the mfg.)

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 10 ft Pier pad size 23 1/4 x 31 1/4 x 1 1/4

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

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Olivas 1011 V 4

Sidewall Longitudinal Marriage wall Shearwall
Number 6
2+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 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. 1 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.

IAS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Tim Sweet

Date Tested

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8x5" lag length: 5" Spacing: 24" oc
Walls: Type Fastener: #10 screws Length: 5" Spacing: 24" oc
Roof: Type Fastener: Nails Length: 50' Spacing: 2"
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

IAS

Type gasket Pg. 14

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 14
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

Tim Sweet Date 11-14-06



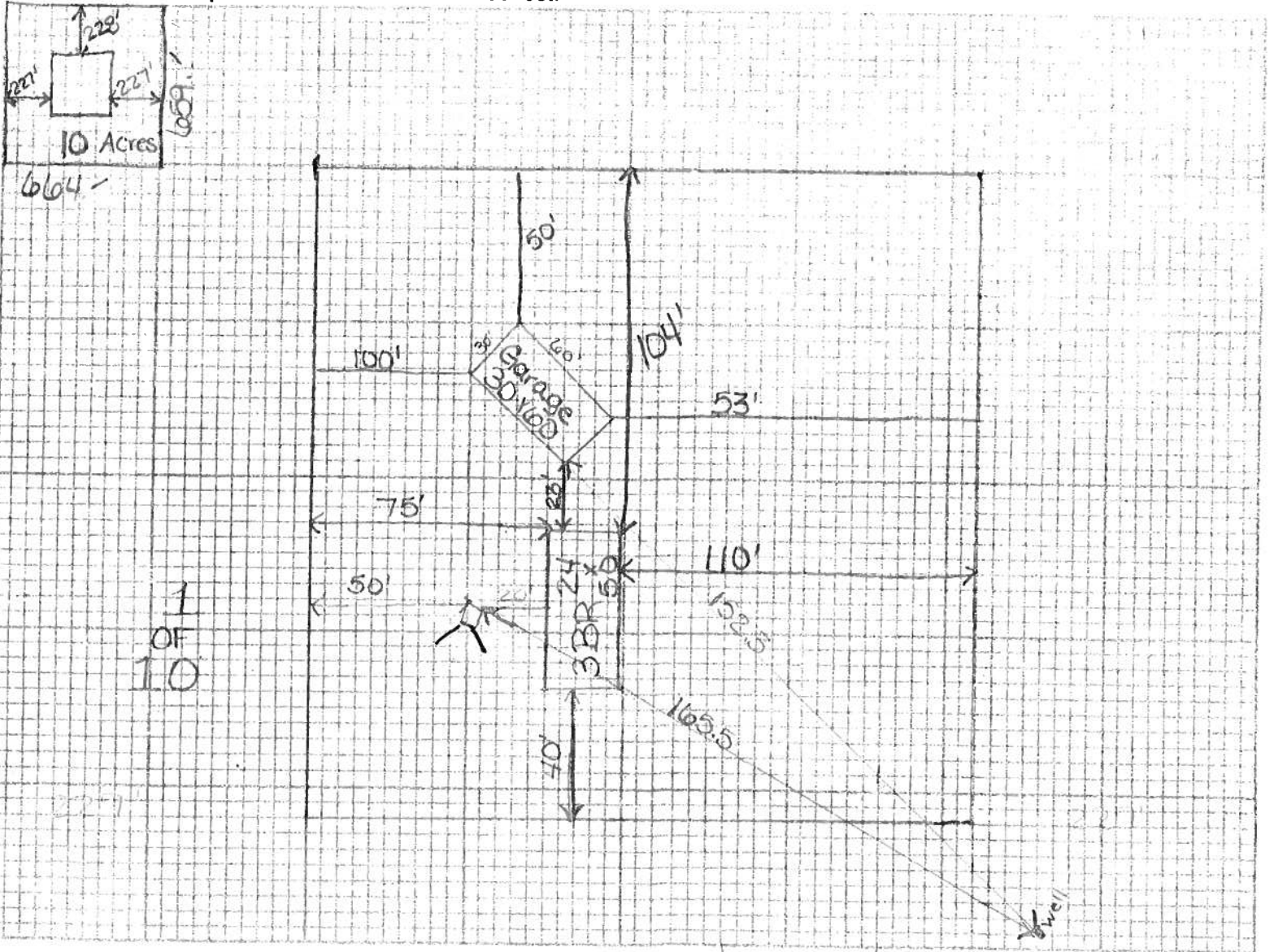
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: _____ Signature _____ Title _____
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

OK
transfer into colco
FOA

COUNTY THE MOBILE HOME IS BEING MOVED FROM Nassau
OWNERS NAME Christopher D. Woods PHONE 904-879-1255 CELL 904-616-2301
INSTALLER Tim Sweat PHONE 904-275-2767 CELL 904-509-2276
INSTALLERS ADDRESS 11521 Mudlake Rd, Glen St. Mary, FL 32040

MOBILE HOME INFORMATION

MAKE Scott Housing Systems Inc YEAR 1985 SIZE 24 x 55
COLOR Tan / Green SERIAL No. SH52WGA21859305AB
WIND ZONE II SMOKE DETECTOR Electric / Factory

INTERIOR:

FLOORS Wood / Carpet / Vinyl (OK)
DOORS (OK)
WALLS PANELING / WALL PAPER (OK)
CABINETS (OK)
ELECTRICAL (FIXTURES/OUTLETS) Outlets / Switches / COVERS (OK)

EXTERIOR:

WALLS / SIDING Rotten Around 1 Window Where Porch was Located
WINDOWS (OK) (Will Be Replaced)
DOORS (OK)

STATUS:

APPROVED ☒ NOT APPROVED ☐

NOTES: Minor Repairs to be made by Purchaser

INSTALLER OR INSPECTORS PRINTED NAME Danny Shipp

Installer/Inspector Signature Danny Shipp License No. BN1246 Date 11/10/06

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.

@ CAM112M01 S CamaUSA Appraisal System
12/06/2006 11:25 Legal Description Maintenance
Year T Property Sel
2007 R 35-7S-16-04348-005

Columbia County
66000 Land 002
AG 000
26680 Bldg 001
Xfea 000
92680 TOTAL B

WOODS CHRISTOPHER D & DEEJAY M

1	SE1/4 OF NE1/4 OF NW1/4	ORB 700-443,, 934-2250,,	2
3	955-1666,, QCD 1090-1447(CORR)	WD 1096-1504	4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 9/29/2006 THRESA

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

Issue Permit
per Ron Croft
working on 9/11
12/6/06

POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENT:

That Timothy Sweat
Names of Grantor(s)

has/have made, constituted and appointed, and by these presents do/does make, constitute and appoint
Chris & DeeJay Woods, true and lawful attorney for him/her/them and in his/her/their
name, place and stead to apply for and obtain permit(s) for my property located in ~~Nassau County~~: Columbia County.

Parcel Number: _____

911 Address: 1079 SW Truhuck Ter, Ft. White, FL 32038

For the following purpose:

Mobile Home Move on Permit
THIS IS A SPECIFIC POWER OF ATTORNEY ISSUED FOR ONE-TIME USE FOR OBTAINING BUILDING
AND UTILITIES PERMITS FOR THE STATED PURPOSE WHICH INCLUDES ALL ASPECTS OF
OBTAINING DRIVEWAY, WELL AND SEPTIC SYSTEM PERMITS.....

Giving and granting unto _____ said attorney full power and
authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about
the premises as fully, to all intents and purposes, as he/she/they might or could do if personally present, with full
power of substitution and revocation, hereby ratifying and confirming all said attorney or substitute shall lawfully
do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I/we/they have hereunto set his/her/their hand(s) and seal(s)
the _____ day of _____, in the 20____

Signed, sealed and delivered in the presence of

WITNESS SIGNATURE

PRINT NAME

WITNESS SIGNATURE

PRINT NAME

GRANTOR SIGNATURE

PRINT NAME

STATE OF

COUNTY

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND
TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED:

Timothy A. Sweat
NAME(S) OF GRANTOR(S)

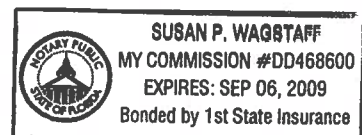
KNOWN TO ME TO BE THE PERSON(S) DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT,
WHO ACKNOWLEDGED BEFORE ME THAT HE/SHE/THEY EXECUTED THE SAME, THAT I RELIED UPON THE
FOLLOWING FORM(S) OF IDENTIFICATION OF THE ABOVE-NAMED PERSON(S):

Timothy A. Sweat AND THAT AN OATH (WAS) (WAS NOT) TAKEN.
WITNESS MY HAND AND OFFICAL SEAL IN THE COUNTY AND STATE OF LAST AFORESAID THIS:

14 DAY OF November A.D., 20____

NOTARY SIGNATURE

Susan P. Wagstaff
PRINT OF NOTARY



Columbia County Property Appraiser

DB Last Updated: 11/20/2006

Parcel: 35-7S-16-04348-005

2007 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	WOODS CHRISTOPHER D & DEEJAY M		
Site Address			
Mailing Address	P O BOX 505 FT WHITE, FL 32038		
Use Desc. (code)	MISC RES (000700)		
Neighborhood	35716.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	10.000 ACRES		
Description	SE1/4 OF NE1/4 OF NW1/4. ORB 700-443, 934-2250, 955-1666,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$66,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$26,680.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$92,680.00

Just Value	\$92,680.00
Class Value	\$0.00
Assessed Value	\$92,680.00
Exempt Value	\$0.00
Total Taxable Value	\$92,680.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
9/15/2006	1096/1504	WD	I	Q		\$200,000.00
6/4/2002	955/1666	WD	V	Q		\$37,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	PREF M B A (008700)	2003	Mod Metal (25)	1800	1800	\$26,680.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

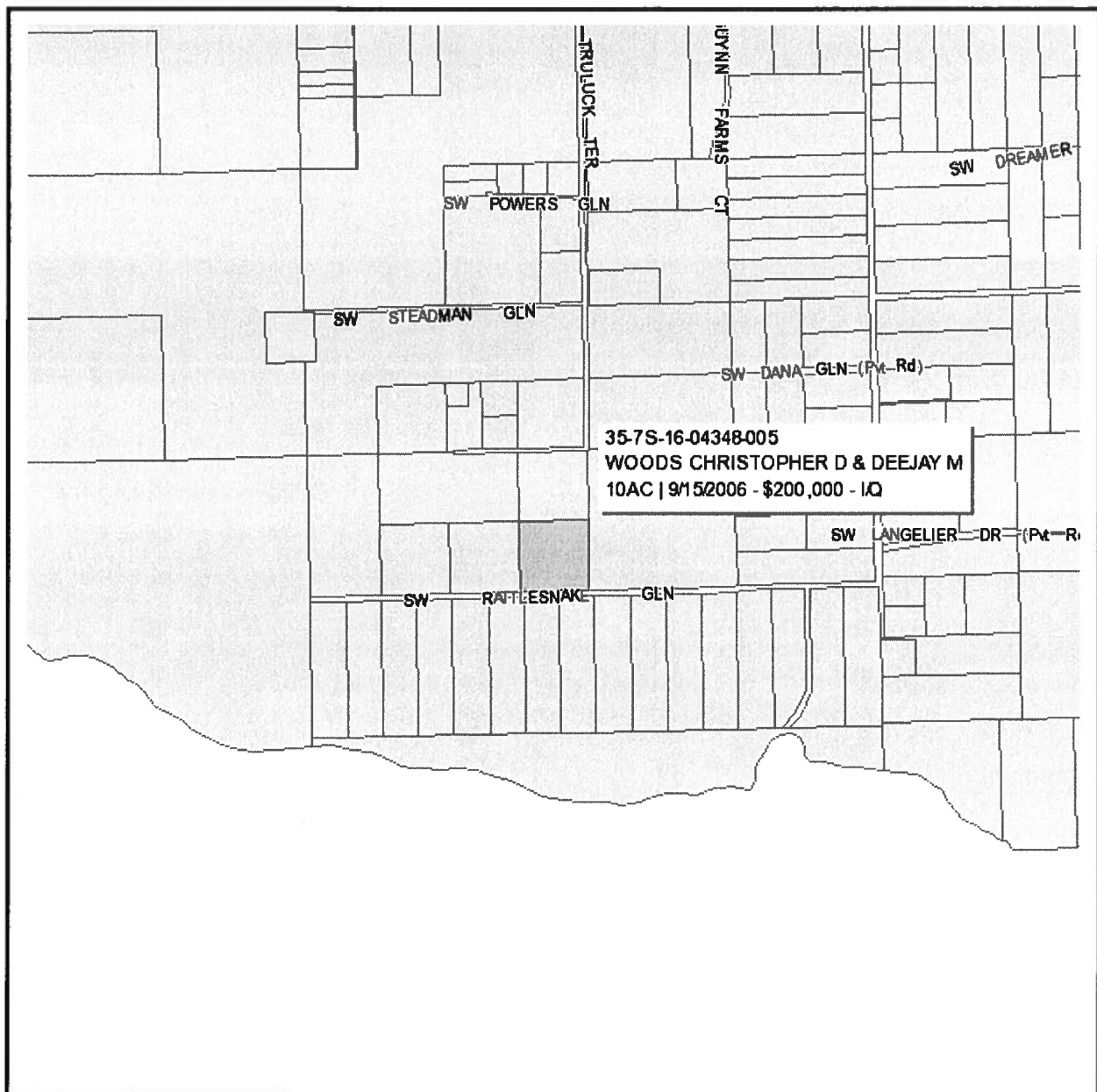
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	10.000 AC	1.00/1.00/1.00/1.00	\$6,400.00	\$64,000.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 11/20/2006



Columbia County Property Appraiser

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

PARCEL: 35-7S-16-04348-005 - MISC RES (000700)

Name:	WOODS CHRISTOPHER D & DEEJAY M	LandVal	\$66,000.00
Site:		BldgVal	\$26,680.00
Mail:	P O BOX 505	ApprVal	\$92,680.00
	FT WHITE, FL 32038	JustVal	\$92,680.00
Sales	9/15/2006 \$200,000.00 I / Q	Assd	\$92,680.00
Info	6/4/2002 \$37,000.00 V / Q	Exmpt	\$0.00
		Taxable	\$92,680.00

0 0.1 0.2 0.3 mi



This information, GIS Map Updated: 11/20/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12-6-06 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
 OWNERS NAME Christopher Woods PHONE 904-879-1255 CELL 904-616-2301
 ADDRESS _____

MOBILE HOME PARK N/A SUBDIVISION N/A

DRIVING DIRECTIONS TO MOBILE HOME 47 S, @ CR 138, at curve go straight onto
Trulucke Terr, then after 90° curve to the right drive on 1st
to the end and the 1st Drive on @ drive to left/go to end turn left at last gate to home

MOBILE HOME INSTALLER Tim Sweat PHONE 904-509-2276 CELL 904-275-2767

MOBILE HOME INFORMATION

MAKE Scott Housing Systems YEAR 85 SIZE 24 X 55 COLOR Tan/Green

SERIAL No. 5H52WGA21859305 A/R

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

(P or F) - P= PASS F= FAILED

INSPECTION STANDARDS

☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

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

STATUS:

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

out of County Insp. for completed.

SIGNATURE FNL DAK ID NUMBER 304 DATE 12-8-06

