PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 22 Nov 2013 Building Official TM 11/21/13

AP# 1311-45 Date Received 11-20-13 By LH Permit # 31660

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category Res. V.L. Dev.

Comments

FEMA Map# N/A Elevation N/A Finished Floor Above River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 13-0602-N ☐ EH Release ☑ Well letter City Water ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☑ In County 12/19/13

Road/Code School = TOTAL Suspended March 2009 ☑ Ellisville Water Sys

Property ID # 14-4S-16-02985-004 Subdivision N/A

- New Mobile Home Used Mobile Home ✓ MH Size 28x52 Year 2007
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Julie Chestnut Phone# 954-560-3232
- 911 Address 569 SW SPARROW TER, LAKE CITY FL 32024
- Circle the correct power company - FL Power & Light - **Clay Electric** (Circle One) - Suwannee Valley Electric - Progress Energy

- Name of Owner of Mobile Home Julie Chestnut Phone # 954-560-3232
  Address 26485 45th Road O'Brien FL 32071
- Relationship to Property Owner same
- Current Number of Dwellings on Property 0
- Lot Size Total Acreage 5.03
- 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 No
- Driving Directions to the Property 90 W, TL on Sisters Welcome Rd, TL on SW Junsil St, TR on SW Sparrow 1st Drive on (R)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245, Lake City, FL 32025
- License Number IH 1025386 Installation Decal # 27984

wendyg226@bellsouth.net

#688170

Spoke to Wendy on 11-22-13 & 12-23-13

App 1311-45

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Robert Sheppard License # IH1025286

911 Address where home is being installed. 309 SW Spanish Ter Lake City FL 32024

Manufacturer Oakwood Length x width 28x52

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 RS

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☑

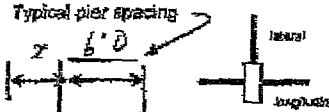
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

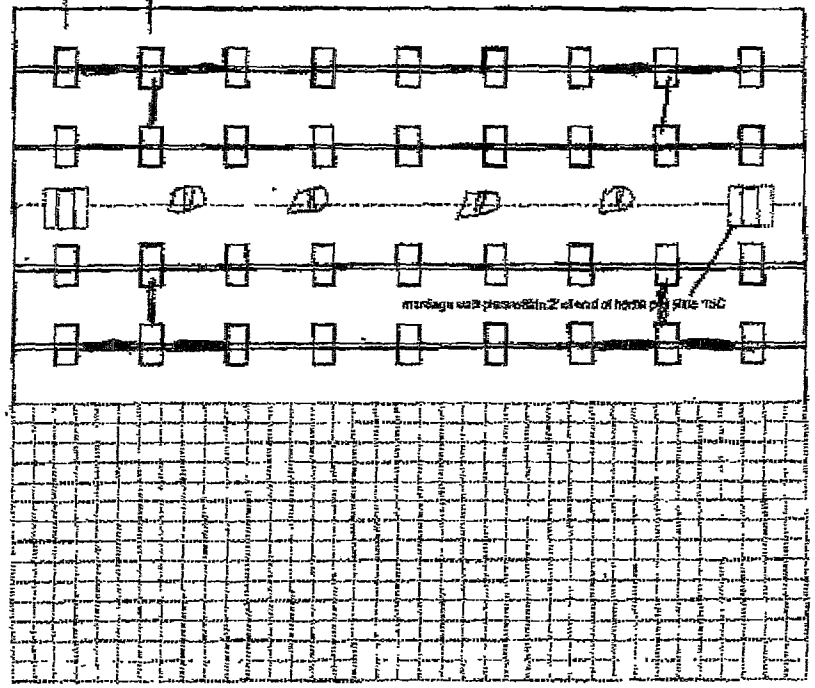
Double wide ☑ Installation Decal # 279814

Triple/Quad ☐ Serial # 6658 A&B

Typical pier spacing



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



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		5'	6'	6'	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 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) 17x25

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

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 5/16	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 Dutch Pro IV

OTHER TIES

	Number
Sidewall	21
Longitudinal	7
Marriage wall	8
Sidewall	7

RECEIVED 09/15/2013 08:57

p.12

App 1311-45

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1600 x 1700 x 1700

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 1600 x 1600 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

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

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Shepard

Date Tested 12-16-13

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. 25

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg 28

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi-wide units

Floor:	Type Fastener: lags	Length: 5"	Spacing: 16
Walls:	Type Fastener: screws	Length: 2"	Spacing: 16
Roof:	Type Fastener: lags	Length: 6"	Spacing: 16

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 RS

Type gasket Foam

Pg. 22

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 downdraw 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

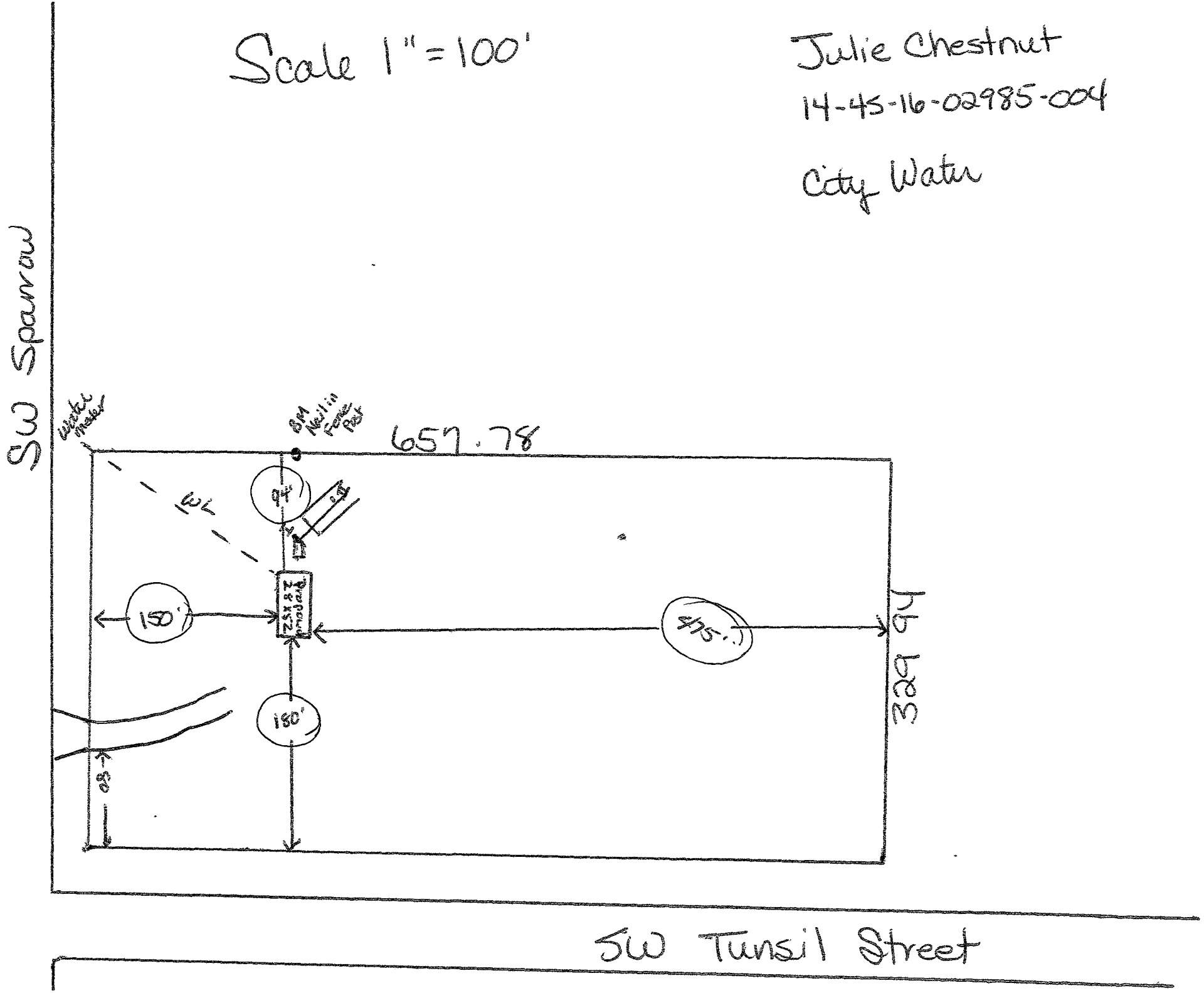
Installer Signature Robert Shepard Date 12-16-13

Scale 1" = 100'

Julie Chestnut

14-45-16-02985-004

City Water



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-45 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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 Robert Sheppard License #: JH 1026384	Signature Robert Sheppard Phone #: 386-623-2203

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			

F. S. 440.108 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

COLUMBIA COUNTY 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: 11/22/2013 **DATE ISSUED:** 11/25/2013

ENHANCED 9-1-1 ADDRESS:

569 SW SPARROW TER

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

14-4S-16-02985-004

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED:/ RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2703

Corporate Warranty Deed

Inst:201312017334 Date:11/7/2013 Time:2.40 PM
Doc Stamp-Deed:210.00
DC,P DeWitt Cason,Columbia County Page 1 of 1 B:1264 P:1714

This Indenture, made , NOVEMBER 5, 2013 A D.

Between DD OF NORTH FLORIDA, INC. whose post office address is: 546 SW Dortch St., Fort White, Florida 32038 a corporation existing under the laws of the State of Florida, Grantor

and **JULIE M. CHESTNUT** whose post office address is: 26485 45 th Road, O'Brien, Florida 32071, Grantee,

Witnesseth, that the said Grantor, for and in consideration of the sum of Ten and No/100 Dollars ($10 00), to it in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee forever, the following described land, situate, lying and being in the County of Columbia, State of Florida, to wit:

TOWNSHIP 4 SOUTH, RANGE 16 EAST

SECTION 14: Commence at the SW corner of Section 14, Township 4 South, Range 16 East, Columbia County, Florida and run North 02° 10' 17" West, along the West line of said Section 14, a distance of 329.97 feet, thence run North 87° 58' 31" East, 662.35 feet, thence run South 01° 22' 40" East, 329.94 feet to a point on the South line of said Section 14, thence run South 87° 58' 31" West along said South line 657.78 feet to the Point of Beginning.
IN COLUMBIA COUNTY, FLORIDA.

Subject to taxes for the current year, covenants, restrictions and easements of record, if any

Parcel Identification Number: **02985-004**

And the said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor has caused this instrument to be executed in its name by its duly authorized officer and caused its corporate seal to be affixed the day and year first above written.

DD OF NORTH FLORIDA, INC.

Signed and Sealed in Our Presence:

By: _____
Gary Newsome, President

By _____
Rocky Ford, Vice President

Elaine R. Davis
Witness Print Name: Elaine R. Davis

Debbie G. Moore
Witness Print Name: Debbie G. Moore

(Corporate Seal)

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 5TH day of NOVEMBER, 2013, by Gary Newsome, the President and Rocky Ford, the vice President of DD OF NORTH FLORIDA, INC A corporation existing under the laws of the State of Florida, on behalf of the corporation
He/She is personally known to me or has produced DRIVERS LICENSES as identification.

Elaine R. Davis (Seal)
Notary Public
Notary Printed Name: _____

My Commission Expires:

ELAINE R. DAVIS
Commission # EE 103181
Expires October 14, 2015
Bonded Thru Troy Fain Insurance 800-385-7019

Prepared by:
Elaine R. Davis / Debbie G. Moore, an employee of
American Title Services of Lake City, Inc ,
321 SW Main Boulevard, Suite 105
Lake City, Florida 32025

Previous Owner - See Deed

COMM SW COR, RUN N 329.97 FT, E 662.35 FT, S 329.94 FT, W 657.78 FT TO POB. ORB 942-1208 QC 972-1768.

DD OF NORTH FLORIDA INC
546 SW DORTCH ST
FORT WHITE, FL 32038

14-4S-16-02985-004

Columbia County 2013 R
CARD 001 of 001

PRINTED 9/23/2013 10:49 BY JEFF
APPR 10/14/2009 RP

BUSE		AE?	HTD AREA	.000	INDEX	14416.00	DIST 3	PUSE	000000 VACANT
MOD	BATH		EFF AREA	25.339	E-RATE	.000	INDX	STR 14- 4S-16E	
EXW	FIXT		RCN				AYB	MKT AREA 06	0 BLDG
%	BDRM		%GOOD		BLDG VAL		EYB	(PUD1	0 XFOB
RSTR	RMS							AC 5.030	28,171 LAND
RCVR	UNTS		FIELD CK:					NTCD	0 CLAS
%	C-W%		LOC: 908 TUNSIL ST SW					APPR CD	0 MKTUSE
INTW	HGHT							CNDO	28,171 JUST
%	PMTR							SUBD	28,171 APPR
FLOR	STYS							BLK	
%	ECON							LOT	0 SOHD
HTTP	FUNC							MAP# 71-B	0 ASSD
A/C	SPCD								0 EXPT
QUAL	DEPR							TXDT 002	0 COTXBL
FNDN	UD-1								
SIZE	UD-2							BLDG TRAVERSE	
CEIL	UD-3								
ARCH	UD-4								
FRME	UD-5								
KTCH	UD-6								
WNDO	UD-7								
CLAS	UD-8								
OCC	UD-9								
COND	%								

SUB A-AREA % E-AREA SUB VALUE

PERMITS

NUMBER	DESC	AMT	ISSUED

SALE

BOOK	PAGE	DATE	PRICE
972	1768	1/16/2003 U V	100
GRANTOR ROCKY D FORD			
GRANTEE DD OF NORTH FLORIDA INC			
942	1208	12/20/2001 Q V	50000
GRANTOR PAUL & RHONDA MABILE			
GRANTEE ROCKY D FORD			

TOTAL

-------EXTRA FEATURES------ FIELD CK:

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT	PR	SPCD	%	%GOOD	XFOB VALUE

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	BACK	DEPTH	DT	FIELD CK: ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000000	VAC RES	A-1	0002	0002	0003					1.00	1.00	1.00	1.00		5.030	AC	5600.680	5600.68	28,171

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronnie Norris PHONE 386-623-7716

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 Julie Chestnut License #: OWNER	Signature Julie Chestnut Phone #: 954-560-3232
MECHANICAL/ A/C ____	Print Name Julie Chestnut License #: OWNER	Signature Julie Chestnut Phone #: 954-560-3232
PLUMBING/ GAS	Print Name RONNIE NORRIS License #: I/H1025145L	Signature _____ Phone #: 752-3871

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.

1311-45

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME Julie Chesnut PHONE _____ CELL _____

INSTALLER Ronnie Norris PHONE 752-3871 CELL 623-7714

INSTALLERS ADDRESS 1004 SW Charles Terrace Lake City FL 32024

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2007 SIZE 28 x 52

COLOR WHITE SERIAL No. FLHML251818306658A/B

WIND ZONE II SMOKE DETECTOR OK

INTERIOR:
FLOORS OK

DOORS OK

WALLS OK

CABINETS OK

ELECTRICAL (FIXTURES/OUTLETS) OK

EXTERIOR:
WALLS / SIDDING OK

WINDOWS OK

DOORS OK

INSTALLER: APPROVED RN OK NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Ronnie N. Ronnie Norris

Installer/Inspector Signature Ronnie Norris License No. IH1025145 Date 11-14-013

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 11/21/13

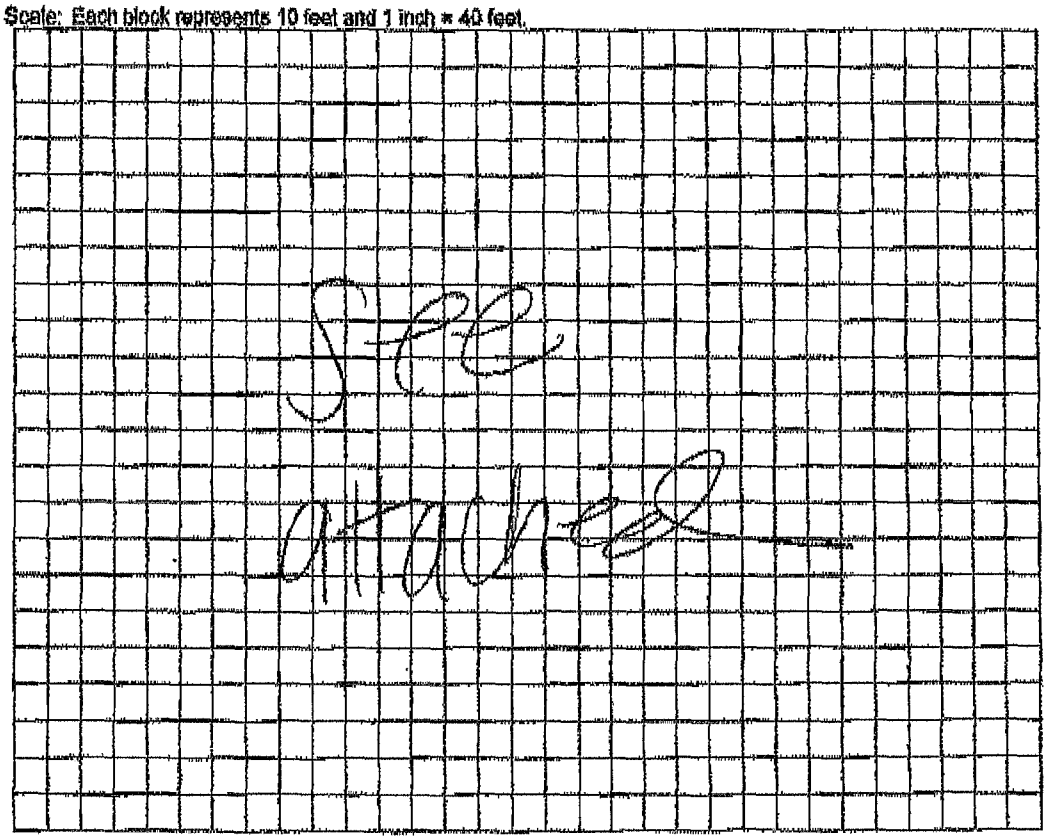
Called Ronnie
all OK
TP

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number B-0602-W

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



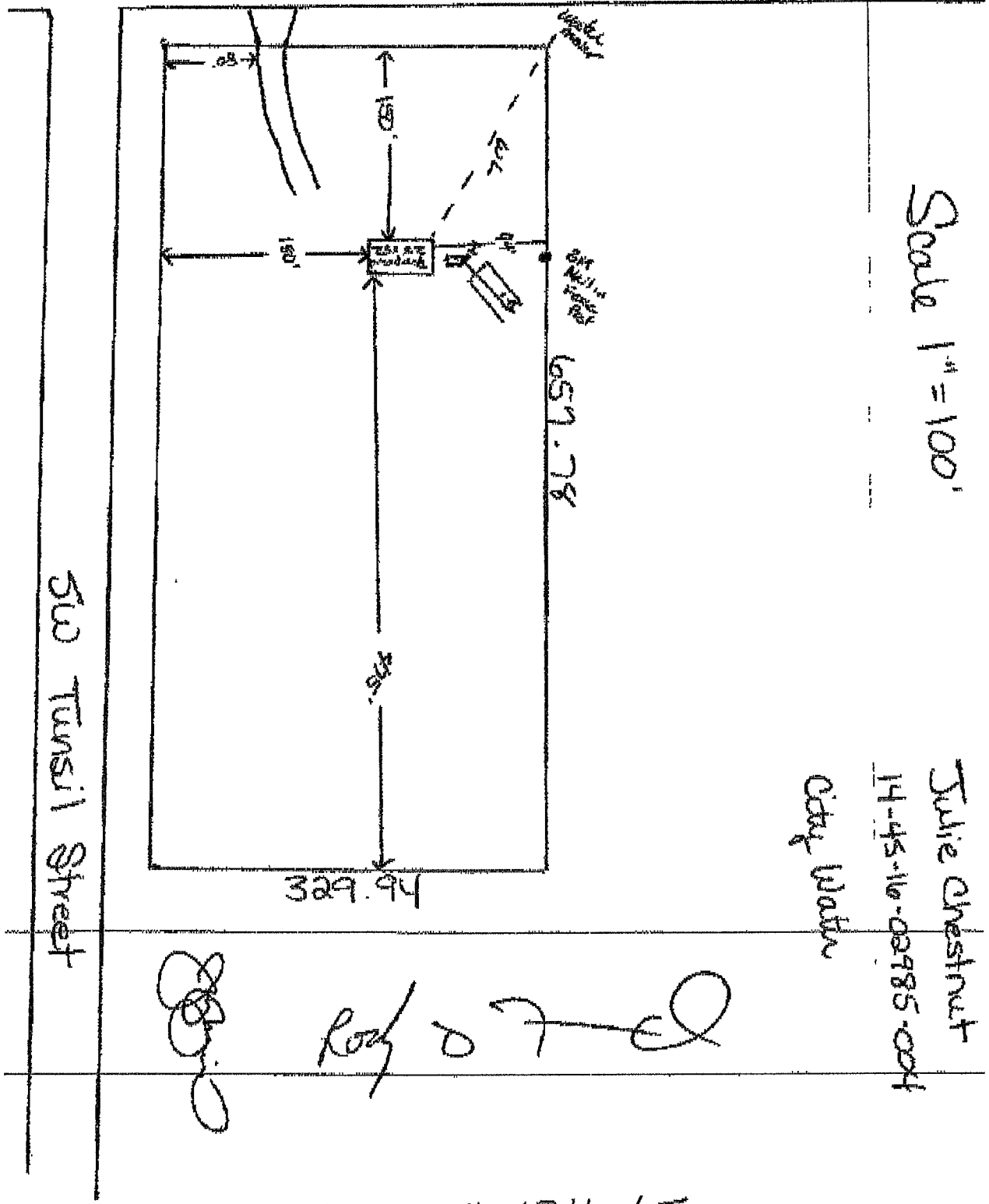
Notes: _____

Site Plan submitted by: Wendy Stringfellow Agent

Plan Approved ✓ Not Approved Date 12-6-13

By Sallie Ford Env Health Director Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Chestnut app # 1311-45

Rec'd 12-2-13

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

PERMIT NO. 13-3642
DATE PAID: 11/12/13
FEE PAID: 345.00
RECEIPT #: 1447141

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Julie Chestnut

AGENT: Wendy Grannell TELEPHONE: 386-288-2428

MAILING ADDRESS: 3104 SW Old Wire Road, Fort White, FL, 32038

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: na BLOCK: na SUB: meets & bounds PLATTED: _____

PROPERTY ID #: 14-4s-16-02985-004 ZONING: Res. I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.03 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: sparrow terr

DIRECTIONS TO PROPERTY: sisters welcome rd to hope henry tr to sparrow tl lot on left before tunsil

BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Table 1, Chapter 64E-6, FAC	Design
1	SF Residential	3	1456		
2					
3					

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

SIGNATURE: Wendy Grannell DATE: 11/15/2013

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 11/20/13 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? 1311-45 Will call

OWNERS NAME Julie Chestnut PHONE _____ CELL 954-560-3232

ADDRESS 26485 45th Road O'Brien FL 32071

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 90 W, TL on Sisters Welcome Rd, TL on SW Tunsil St, TR on SW Sparrow, 1st drive on (R)

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

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2007 SIZE 28 x 52 COLOR White

SERIAL No. FLHML2518183066 58A/B

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 / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Tracy Cr ID NUMBER 366 DATE 12-19-13