DATE <u>12/1</u>	0/2008			uilding Permit on Premises During Co		PERMIT 000027514
APPLICANT	PAULET	TE BAIR		PHONE	352 318-1649	
ADDRESS	2200	NW 227TH DR		HIGH SPRINGS		FL 32643
OWNER	CAROL F	KRAUSE/PAULETTE B	AIR	PHONE	352 318-1649	,
ADDRESS	219	SE JEFFERSON GLE	EN	HIGH SPRINGS		FL 32643
CONTRACTO	R SUI	RPLUS INSTALLERS		PHONE	352 727-8183	
LOCATION O	F PROPER	TY 441S, TL O	N ADAMS RD, TL BR	AWLEY, TL JEFFERS	SON, 2ND LOT	
		ON RIGHT				
TYPE DEVEL	OPMENT	MH,UTILITY	EST	IMATED COST OF C	ONSTRUCTION	0.00
HEATED FLO	OR AREA	Section of the sectio	TOTAL ARE	Α	HEIGHT _	STORIES
FOUNDATIO?	٧	WALL	S R	OOF PITCH	FL	OOR
LAND USE &	ZONING	A-3	-	MA	X. HEIGHT	
Minimum Set I	Back Requi	rments: STREET-F	RONT 30.00	REAR	25.00	SIDE 25.00
NO. EX.D.U.	0	FLOOD ZONE	<u>X</u>	DEVELOPMENT PER	RMIT NO.	
PARCEL ID	11-7S-17-	09983-028	SUBDIVISION	N BICENTENNIAL	ACRES	
LOT 33	BLOCK	PHASE _	UNIT 2	тот	AL ACRES 5.0	00
000001692	THE PERSONS			Das	- KK	SALO
Culvert Permit	No.	Culvert Waiver Co	entractor's License Num	ber # CCC	Applicant/Owner/	Contractor
WAIVER		08-737	cs		WR	Y
Driveway Conn	ection	Septic Tank Number	LU & Zonin	g checked by Ap	proved for Issuance	e New Resident
COMMENTS:	ONE FOO	OT ABOVE THE ROAD)			
					Check # or Ca	ash 1143
		FOR BUI	LDING & ZONIN	G DEPARTMENT	T ONLY	(footer/Slab)
Temporary Pov	/er		Foundation		Monolithic	
		date/app. by		date/app. by		date/app. by
Under slab roug	gh-in plumb	-			Sheathing/I	Nailing
Framing		date/app		date/app. by	10	date/app. by
	date/ap	p. by	Rougn-in plumbing abo	ove slab and below woo	od floor	date/app. by
Electrical roug	h-in		Heat & Air Duct		Peri. beam (Lintel	15.5
		date/app. by		date/app. by	ren. beam (Emter	date/app. by
Permanent power		ite/app. by	C.O. Final		Culvert	200 N
M/H tie downs,		lectricity and plumbing		ate/app. by	Pool	date/app. by
Reconnection			date/app.			date/app. by
		date/app. by	Pump pole date/a	Utility Po	date/app. by	_
M/H Pole dat	e/app. by	Trave	el Trailer	te/app. by	Re-roof	date/app. by
	слирр. Оу		da	ле/арр. бу		date/app. by
BUILDING PEI	RMIT FEE	\$0.00	CERTIFICATION FEE	\$ 0.00	SURCHARGE	FEE \$0.00
MISC. FEES \$	300.00	ZONING C	ERT. FEE \$ 50.00	FIRE FEE \$ 64.2	0 WASTE	E FEE \$ 167.50
FLOOD DEVEL	OPMENT	FEE \$ FLOO	D ZONE FEE \$ 25.00	CULVERT FEE \$	тот	AL FEE 606.70
INSPECTORS	OFFICE	1000 /9	Holan	CLERKS OFFICE	()	1/

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 TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
1	For Office Use Only (Revised 1-10-08) Zoning Officia Official (VR) (2/10/08
	AP# 0812-12 Date Received 12/9/08 By CFS Permit # 1692/ 27514
1.0	Flood Zone Development Permit Zoning A-3 Land Use Plan Map Category A-3
i	Comments
	3
1	FEMA Map# Elevation Finished Floor River In Floodway
	Site Plan with Setbacks Shown FEH # 08-0737 = EH Release Well letter = Existing well
	Recorded Deed or Affidavit from land owner Letter of Auth. from installer State Road Access
IN	Parent Parcel # STUP-MH F W Comp. letter SPACT FEES: EMS 29.88 Fire 78.63 Corr 442.89 Road/Code 1046.00 210
	School 1500.00 = TOTAL 3097.40 Pre Insp. on Branch
Pr	operty ID# 11-75-17-09988-0 Subdivision Bicentennias Acres
	New Mobile HomeUsed Mobile Home MH Size <u>28180</u> ear <u>1997</u>
	Applicant PAULUHE K. BAIR Phone # 352-318-1649
	Address 2200 NW 227 Dr High SPrings FL 32643
	4.85
•	Name of Property Owner CANOL Kruse + PAULE HEBAIR Phone# 352-3/4-1649
	911 Address 219 SE JUFFERSON GLN HIGH SPRINGS FL 32643
•	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Progress Energy</u>
	Name of Owner of Mobile Home PAULEHE BAIR Phone # 352-318-1649
	Address 22002 NW 227 Dr High Spring Fx 32643
	Relationship to Property Owner <u>SAMe</u>
	Current Number of Dwellings on Property_None
•	Lot Size 342' X 636' Total Acreage 5 Acres
•	Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) (Not existing but do not need a Culvert)
•	Is this Mobile Home Replacing an Existing Mobile Home_NO OWes
•	Driving Directions to the Property 75+ 441 TAKE 441 SOUTH TO ADAMS RD
EAS	
	STEFFERSON TURN LEFT ON JEFFERSON TO
	SECOND LOT ON RIGHT FLAG AT ORIVEWAY
10 1	Name of Licensed Dealer/Installer SURPLUS INSTALLERS Phone #357-787-8183
	Installers Address 9/3/ 5.W. 57 TRA LK BUTHER FL. 32054
	License Number 1 H 0000 614 Installation Decal # 28 6241
	18H messace

5/5/0 337807837.

08-0737



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

GOO WE THUS				17-PID	1082603
APPLICATION FOR: [X] New System [] Repair [] Existing Syste	m []	Holding Tank Temporary	k [] In	novative
APPLICANT: PAULEtte	BAIR			49400	
AGENT:	IA		TE	LEPHONE: 35	2-318-/60
MAILING ADDRESS: 220	02NW 227	Pr High	SPring	Fr 326.	43
TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUR	SOMET TO 403.103 (3) (M) OK 489	.552, FLORIDA	STATUTES.	
LOT: 3.3 BLOCK: N					
PROPERTY ID #: 11-75-	7-099 83-028	ZONING:	Ac I/M	OR EQUIVALEN	F: [Y FW)
PROPERY SIZE: ACRI	ES WATER SUPPLY:	[/] PRIVATE	PUBLIC	1<=2000cpn	12000
IS SEWER AVAILABLE AS PER PROPERTY ADDRESS: 2/9	381.0065, FS? [Y / (N)	DIST	ANCE TO SEWER	R: IAA - FOR
LOST ON SEBRAWAY	75+441 Sa	THE ON HU	EAST ON AT	DAMS RD T	FOEND
BUILDING INFORMATION	[$$] RESIDEN	TIAL	[] COMMERC	IAL	
Unit Type of No Establishment	No. of B	uilding Cor	mercial/Inst	itutional Sv	stem Design
1 Mobile Home	4	2128	400 (ORD	
3		· ·			
4					
[] Floor/Equipment Dra	ins [] Other	(Specify)			
SIGNATURE:	KBaD)			DATE: 12//	los
DH 4015, 10/97 – Page 1 (Pre Stock Number: 5744-001-4015	vious editions may be u	sed)		D 12/1	Page 1 of 3

i nl.la

Page 1 of 3



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 2739

Scale: Each block represents 5 feet	HIHH		HHHHHH		
	SUPERTY LI				
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	·	F-1-5/4-3-1			
and the same ways and the same same same same same same same sam		*			-
					-
te Plan submitted by: Pour K	TOK Ba	.0		GWNEr	
	TO KBC	Signature	-	GWN-EV Title	
lan Approved	TO KBC	Signature Not Approved	Col~b;c	OWN-EV Title Date_1z_s County Health	-08

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

This Document Prepared By and Return to: Darryl J. Tompkins, Esquire Darryl J. Tompkins, P.A. 14420 NW 151st Blvd. P.O. Box 519 Alachua, FL 32616

Parcel ID Number: R09983-028

Inst:2007004387 Date:02/22/2007 Time:11:33

Doc Stamp-Deed: 392.00

DC,P.DeWitt Cason,Columbia County B:1111 P:1707

Warranty Deed

, 2007 A.D. Between February Made this 21st day of This Indenture, Farmland Properties, Inc., a corporation existing under the laws of the State of Florida , grantor, and State of Florida of the County of Dixie Paulette Bair and Carol Krause, as joint tenants with rights of survivorship whose address is: 22002 NW 227th Drive, High Springs, FL 32643

of the County of Alachua

State of Florida

, grantees.

Witnesseth that the GRANTOR, for and in consideration of the sum of

_____TEN DOLLARS (\$10)-----and other good and valuable consideration to GRANTOR in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEES and GRANTEES' heirs, successors and assigns forever, the following described land, situate, State of Florida lying and being in the County of Columbia Lot 33 of BICENTENNIAL ACRES UNIT TWO, according to the Plat thereof as recorded in Plat Book 4, Page(s) 36, of the Public Records of Columbia County, Florida.

SUBJECT TO THE FOLLOWING:

Zoning restrictions, prohibitions and other requirements imposed by governmental authority;

Restrictions and matters appearing on the plat and/or common to the subdivision;

Taxes for the year 2007 and subsequent years.

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

In Witness Whereof, the grantor has hereunto set its hand and seal the day and year first above written

Signed, sealed and delivered in our presence:

Farmland Properties,

Printed Name:

Jason G. Hølifield, President P.O. Address: Post Office Box 2563, Cross City, FL 32628

Witness

Printed Name:

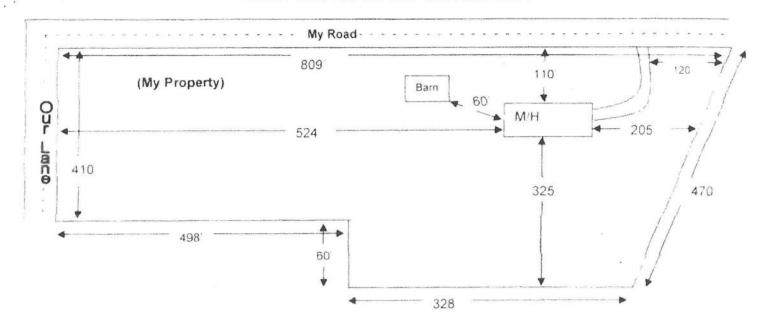
Witness

(Corporate Seal)

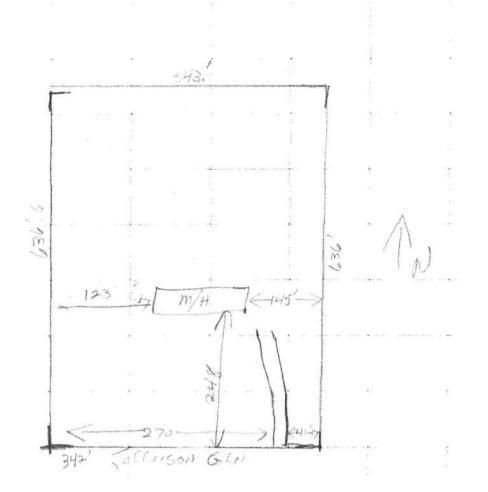
STATE OF Florida COUNTY OF Dixie

, 2007 The foregoing instrument was acknowledged before me this 21st day of February Jason G. Holifield, President of Farmland Properties, Inc., a Florida Corporation, on behalf of the corporation he is personally known to me or he has produced his Florida driver's license as identification.

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 property line.



LYNCH WELL DRILLING, INC.

173 SW Tustenuggee Ave Lake City, FL. 32025 Phone 386-752-6677 Fax 386-752-1477

Building Permit #	Owner's Name: Paulette Bair 11-7S-17-09983-028
Well Depth Ft.	Casing DepthFt. Water Level50Ft.
Casing Size 4 inch Steel	Pump Installation: <u>Deep Well Submersible</u>
Pump Make Aermotor	Pump Model <u>S20-100</u> <u>1</u>
System Pressure (PSI) On 30	Off <u>50</u> Average Pressure <u>50</u>
Pumping System GPM at ave	erage pressure and pumping level 20(GPM)
Tank Installation: <u>Bladder</u>	Make <u>Challenger</u>
Model PC 244 Size 81 gall	lon
Tank Draw-down per cycle a	t system pressure <u>25.1</u> gallons
	AT THIS WATER WELL SYSTEM HAS BEEN E ABOVE INFORMATION.
Linda New Cor, Signature	Linda Newcomb Print Name
2609	12-8-2008
License Number	Date

NO decin

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/27 BY TWIS THE N/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
WOWNERS NAME PARK STO WANT PHONE 386-054-9852 CELL 352-214-5148
ADDRESS 114 OLD BALLAMY RR
MOBILE HOME PARK SUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 75 SOUTH 441 SOUTH RIGHT ON OLD BALLATO
I mine on heft 114 on mais Box
MOBILE HOME INSTALLER SUPPLUS TASHALIS PHONE 386-496-262 CELL 352-283-9983
MOBILE HOME INFORMATION
MAKE FLOOT WOOD YEAR 1997 BIZE 28 X 80 COLOR OFF WATER
< SERIAL NO GIAFLU 34A 25872 THEP SERIAL # 21085
WIND ZONE - Must be wind sone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS INTERIOR: (P or F) - Po PASS For FALLED **IF you can't work to cate wife (P or F) - Po PASS For FALLED
SMOKE DETECTOR () OPERATIONAL () MISSING
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALLE () SOLID () STRUCTURALLY UNBOUND
WWDOWS () OPERABLE () NOPERABLE
PLUMBING FIXTURES () OPERABLE () MOSSING
CEILING () SOLED () HOLES () LEAKS APPARENT
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING
EXTERIOR:
WALLS / BIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED
STATUS
APPROVED WITH CONDITIONS:
NOT APPROVEDNEED RE-INSPECTION FOR FOLLOWING CONDITIONS
Mx D. bell 402 10-28-08

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 RE	QUESTE	D: 11/	24/2008	B DATE ISSU	UED: 11/26/2008
ENHANC	ED 9-1-1	ADDRESS:			
219	SE	JEFFER	SON		GLN
	TY APPR	AISER PAI	FL RCEL N	32643 J MBER:	
11-7S-1	7-09983	-028			

LOT 33 BICENTENNIAL ACRES UNIT 2.

Remarks:

Address Issued By:	
	Columbia County 9-1-1 Addressing / GIS Department

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

	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)	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 Typical pier spacing	wide fill out one half of the blocking plan or quad wide sketch in remainder of home	Address of home 219 SE Jefferson GLN. being installed High Socials FI 37613	PERMIT NUMBER
Opening Pier pad size 4 ft 5 ft FRAME TIES within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer C L V E OTT. D, E; Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Sidewall Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall	(required by the mfg.) The part of the mfg.)	POPUL AR PAD SIZE Popul AR PAD SIZE Pad Size 16 x 16 16 x 18 18 5 x 18 5 18 5 x 18 5 x 18 5 18 5 x 18 5 x 18 5 18 5 x 18 5 x 18 5 18 5 x 18 5 x 18 5 18 5 x 18 5 x 18 5 x 18 5 x 18 5 18 5 x	1000 psf 3' 4' 5' 6' 7' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	Load Footer bearing size (256) (342) FOR USED HOMES PIER SPACING TABLE FOR USED HOMES 20" x 20" 22" x 22" 24" X 24" 26" x 26" (484)* (576)* (676)	Single wide ☐ Wind Zone II ☐ Wind Zone III ☐ Double wide ☐ Installation Decal # 28624/ Triple/Quad ☐ Serial # ##FLV348158785H12	Used Home lled to the Manufacturer's Instal italled in accordance with Rule]

The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil	Note: A state ancho ancho readin requir. #5## \$ ALL TES Installer Name Date Tested	The results of here if you are showing 275 i	The pocket pe or check here
re rounded down to soil without testing. X	e approved lateral a rs are allowed at the rs are allowed at a right is 275 or less ance as anchors with 400 %TEM SURPLUS Install	the torque probe te declaring 5' ancho	POCKET PENE 1. Test the perim 2. Take the readi 3. Using 500 lb i reading and
R TEST psf put testing. X Ke locations. The footer. e lowest ncrement. X Inch pounds or check A test anchors. I used and 4 ft. Is. I understand 5 ft its where the torque to home manufacturer no ity. Taller's initials CENSED INSTALLER REST CENSED INSTALLER	e sidewall locations e sidewall locations Il centerline tie poir d'where the mobile lo la holding capacins less	RQUE PROBE TES	T PENETROMETE re rounded down to witho X TROMETER TEST neter of the home at ing at the depth of the increments, take the ound down to that increments. X
	y used and 4 ft. s. I understand 5 ft its where the torque to home manufacturer n ity. taller's initials CENSED INSTALLER	nch pounds or check A test	ut testing. ING METHO 6 locations. he footer. e lowest ncrement.

Type gasket

of tape will not serve as a gasket

Walls Floor

Type Fastener Type Fastener Type Fastener:

Fastening multi wide units

Pad

Other

Debris and organic material removed Water drainage; Natura) Swale

Site Preparation

a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are

Installer's initials ME-

Installed:

Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes

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

Gasket (weatherproofing requirement)

will be centered over the peak of the roof and fastened with galv. For used homes a min. 30 gauge, 8" wide, galvanized metal strip

Length Length Length:

Spacing: Spacing: Spacing

roofing nails at 2" on center on both sides of the centerline.

Skirting to be installed. Yes Dryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Electrical crossovers protected, Yes Drain lines supported at 4 foot intervals. Yes Other remens Miscellaneous oune

Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications (Yes)
Fireblace chimney installed to manufacturer's specifications

Yes

The bottomboard will be repaired and/or taped. (Yes

Weatherproofing

Connect all potable water supply piping to an existing water meter, water tap, or other

Installer Signature

Date 12-3-08

Installer verifies all information giver/with this permit worksheet

is accurate and true based on the

independent water supply systems. Pg

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

Connect electrical conductors between multi-wide units, but not to the main power

Electrical

This includes the bonding wire between mult-wide units.

Pg

Plumbing

source.

Installers Authorization

Date 12/9/08
to: Columbia County 1
License #: IHO000614 + RUSTY BAYNEgive
Paulette Bair gives full consent
to pull any and all necessary permits on m
behalf for mobile home set up,
In Columbia County.
Signed fant Bard Date 12/9/08
OB Rusty Bayne Installer
Signed before me this 9th Aug
December, 2008.
Jannie Latte
ZANNIE LITTLE CONTROL OF THE CONTROL
Commission DD 778865 Expires April 14, 2012 Bonded Thru Troy Fain Insurance 800-395-7019

Atn: Wellie

Columbia County Building Department Culvert Waiver

Phone: 386-758-1008 Fax: 386-758-2160

Culvert Waiver No. 000001692

DATE: 12/10/2008					
ADDITION DALI	BUILDING F	PERMIT NO. 275	14		
APPLICANT PAUL	LETTE BAIR		PHONE	352 318-1649	
ADDRESS 2200	NW 227TH DR	HIGH	SPRINGS	FL	32643
OWNER CAROL K	KRAUSE/PAULETTE BAIR		PHONE	352 318-1649	
ADDRESS 219 S	SE JEFFERSON GLEN	HIGH	SPRINGS	FL	32643
CONTRACTOR SU	RPLUS INSTALLERS		PHONE	352 727-8183	
LOCATION OF PROON RIGHT	OPERTY 441S, TL ON ADA	AMS RD, TL BRAWLEY,	ΓL JEFFER	SON, 2ND LOT	
SUBDIVISION/LOT	/BLOCK/PHASE/UNITBIO	CENTENNIAL ACRES		33	2
PARCEL ID# 11-75	S-17-09983-028				
	CHECK IS REQUIRED CKS PAYABLE TO BCC	A	moun	t Paid <u>50.0</u>	0
SPECIFIC REPORTS OF THE PRINTING SECTION.	MUNESCH SUURCEMENT STREET	3.800 3.15 (0.00)			THE WAR AND A PRINCIPLE OF
	PUBLIC WORK	S DEPARTMENT USE O	<u>NLY</u>		
	HAT I HAVE EXAMINED TH	IS APPLICATION AND I	DETERMI		CULVERT PERMI
CULVERT WAIVER IS:	HAT I HAVE EXAMINED TH	IS APPLICATION AND I	DETERMI		CULVERT PERMI
CULVERT WAIVER IS: 12-17-88 COMMENTS: SIGNED: Rock	HAT I HAVE EXAMINED TH	IS APPLICATION AND I	APPROV	7 / 0 8	CULVERT PERMI