

## CERTIFICATE OF OCCUPANCY

**OWNER:** RUSSELL DUNN  
2416 TINY TERR.  
WINTER HAVEN, FL 33880

**PERMIT #:** 8805

**BUILDING ADDRESS:** 2416 TINY TER WINTER HAVEN, FL 33880-

**DATE OF ISSUE:** 04/13/2004

**This Certificate is issued pursuant to the requirements of the Florida Building Code and certifies that, at the time of issuance, this structure was in compliance with that code and the various ordinances of Polk County regulating building construction and use.**

**JOB DESCRIPTION:** Mobile Home Replacement 2004 DW 28x76 Fleetwood

**PARCEL NUMBER:** 252821-000000-031152

**SUBDIVISION:**

**BUILDING USE:** MOBILE HOME

**LAND USE CODE:** RS: RESIDENTIAL SUBURBAN

**BUILDING CODE  
OCCUPANCY CLASS:**

**Note: A new certificate is required if the building occupancy classification changed.**

<b>office use only P-Type</b>	<b>P-CODE</b> <i>MR</i>	<b>MOBILE HOME SETUP PERMIT APPLICATION</b>	<b>office use only</b> PERMIT NO.: <i>8805</i>
1. DATE:		<b>POLK COUNTY BUILDING DIVISION</b>	
		<b>P.O. BOX 9005 - CS02 - BARTOW, FLORIDA 33831</b>	

2. MOBILE HOME OWNER'S LAST NAME: <i>Dunn</i>	FIRST NAME: <i>Russell</i>	MIDDLE INITIAL:	3. TELEPHONE NO.:
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4. MOBILE HOME OWNER'S MAILING ADDRESS: <i>2416 Tiny Terrace</i>	5. CITY: <i>Auburndale</i>	6. STATE: <i>Fl.</i>	7. ZIP CODE: <i>33823</i>
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<input type="checkbox"/> SETUP IN A REGISTERED PARK (Go To Blank 13):		8. PROPERTY OWNER'S NAME: <i>Russell Dunn</i>	
<input type="checkbox"/> SETUP OUTSIDE OF A REGISTERED PARK (Go To Blank 8):			

9. PROPERTY OWNER'S MAILING ADDRESS: <i>2416 Tiny Terrace</i>	10. CITY: <i>Auburndale</i>	11. STATE: <i>Fl.</i>	12. ZIP CODE: <i>33823</i>
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13. PROPERTY ADDRESS: <i>2416 Tiny Terrace</i>	14. PARK/SUBDIVISION NAME: <i>m.h. village</i>	15. CITY: <i>Auburndale</i>	16. ZIP CODE: <i>33823</i>
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17. LEGAL DESCRIPTION: <i>01 28 25 352</i>	Section	Township	Range	Lot No.	Block	Plat Book	Page No.	Subdivision Number <i>2</i>	Parcel Number <i>031152</i>	<input checked="" type="checkbox"/> Legal Attached
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18. M.H. INSTALLER/DEALER: <i>JR Griceith</i>	County/State License # <i>8012</i>	Telephone No.: <i>667-2636</i>
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19. ELECTRICAL CONTRACTOR: <i>Ed Degel</i>	County/State License # <i>2905</i>	Telephone No.: <i>644-0496</i>
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20. A/C MECH. CONTRACTOR: <i>Lilley Air cond</i>	County/State License # <i>175</i>	Telephone No.: <i>644-0496</i>
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21. PLUMBING CONTRACTOR: <i>JR Griceith</i>	County/State License # <i>8012</i>	Telephone No.: <i>667-2636</i>
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22. UTILITIES: Water: <input type="checkbox"/> Well <input checked="" type="checkbox"/> Public (name) <i>City</i>	Sewer: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Public (name)	Electric Company (name): <i>Teco</i>
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23. LOT SIZE (width X length) <i>X</i>	TOTAL AREA (Sq. Ft.):	Is any portion of this property located within a water body? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	New Service <input type="checkbox"/> Existing Service <i>200</i> AMPS
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24. MOBILE HOME DATA: Manufacturer: <i>Fleetwood</i> Year: <i>2004</i>	25. DIRECTIONS TO PROPERTY FROM BARTOW: <i>Hwy 98 to Combee rd go(R) to Main St go(B) go into Auburndale to Sun Acres Blvd go(L) to King go(R) to Thompson go(L) to Tiny</i>		
Single Wide:			Triple Wide:
Double Wide: <i>28x76</i>			
Duplex:			
Decal No.:			

**DRAW A PLOT PLAN SHOWING:**

- County Approved Road.
- Setback Distances from all Property Lines.
- All Existing and Proposed Structures.
- North arrow Indicating Which Way is North.

*Terrace go(R)  
Lot will be on your(L)*

I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT. IT IS UNDERSTOOD THAT ANY FALSE INFORMATION OR DEVIATIONS FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION NULL AND VOID, UNLESS APPROVED BY THE BUILDING DIRECTOR. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 180 DAYS. IF THE PROJECT IS NOT STARTED FOR WHICH THE PERMIT IS ISSUED, I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND POLK COUNTY ORDINANCES REGULATING BUILDING AND ZONING.

ALSO, I HEREBY CERTIFY THAT IN THE EVENT ANY OF THE WORK CONTEMPLATED BY THIS PERMIT APPLICATION INVOLVES EXCAVATION AS DEFINED IN SECTION 553.851, FLORIDA STATUTES; THAT THE APPLICANT HAS COMPLIED WITH THE PROVISIONS OF SECTION 553.851 E.G., PARAGRAPHS (2) (A) AND (C). (SEE REVERSE SIDE FOR MORE INFORMATION.)

SIGNATURE OF CONTRACTOR AUTHORIZED AGENT OR OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SWORN TO and subscribed before me this \_\_\_\_\_ date of \_\_\_\_\_ Notary Public, State of Florida My Commission Expires: 20 \_\_\_\_\_

ZONE CHECK	REQUIRED	RECEIVED	ZONE	C.T.	TAZ	Minimum Required Setbacks from Property Line	Side Rear Front
Zoned for M/H			<i>R-3</i>				
Sewage Disposal LTR			LAND USE	C.B.	LINK		<i>7 1/2</i>
County Approved Road	<input checked="" type="checkbox"/>		<i>RS</i>				<i>15</i>
Driveway			INSP. AREA	IMPACT DIST.		Zoning Checked By	Approved For Issuance By
BASE FLOOD ELEVATION				<i>D</i>		<i>DB</i>	<i>DB 3-9-04</i>
CERTIFIED FLOOR ELEVATION							

PERMIT FEES									
ZONING	SETUP	ADD ELECT	MECH.	PLBG	GAS	FPA	DRIVEWAY	FIRE ASSESS	SOLID WASTE
<i>1300</i>	<i>7200</i>	<i>2000</i>	<i>1900</i>	<i>2500</i>			<i>6000</i>		
COUNTY ROAD	COLLECTOR	EMS	CORRECTIONS	VESTED RIGHTS	PPD	OTHER	OTHER	TOTAL PAID	
						<i>1000</i>		<i>21400</i>	

*PS's check 19700*



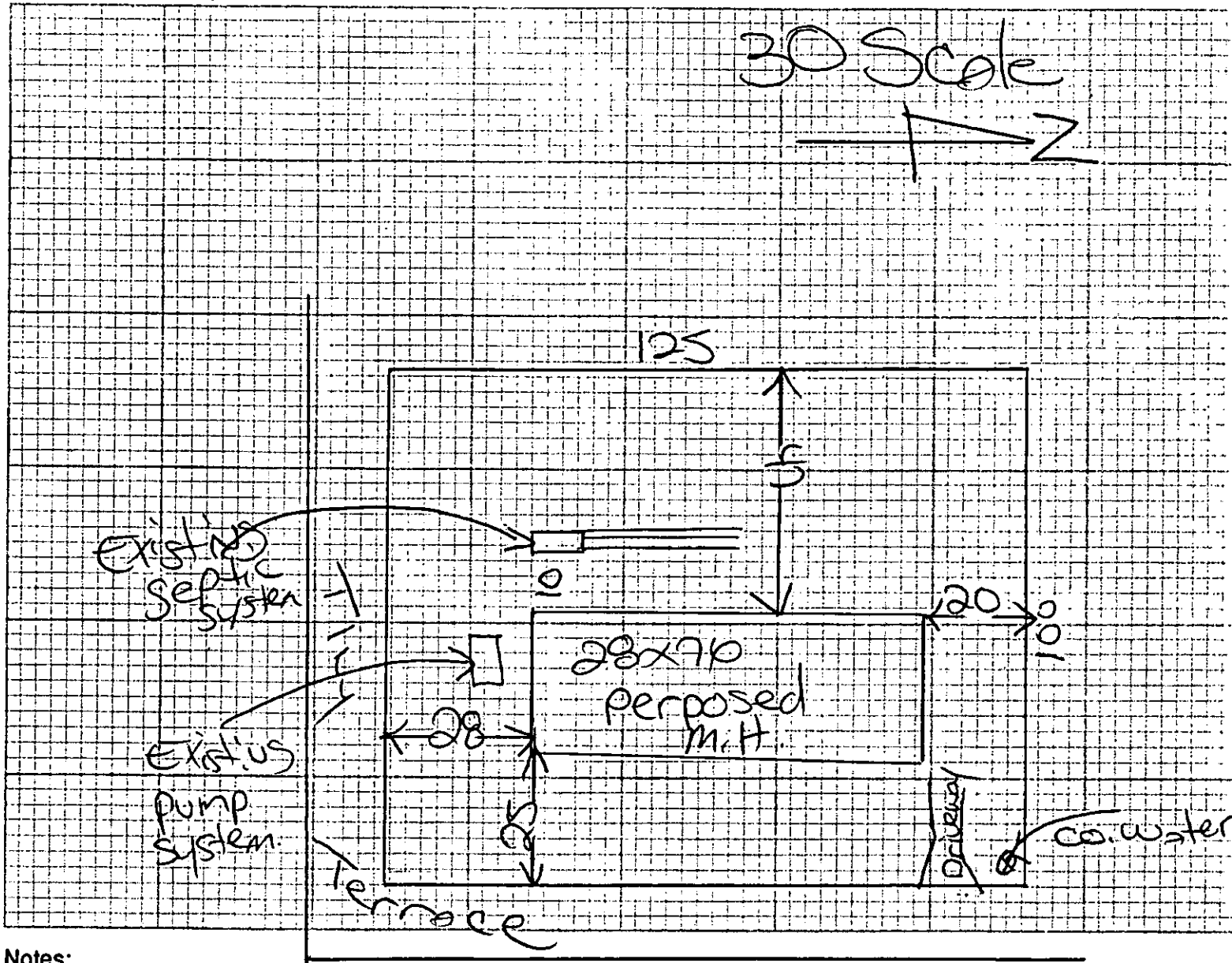
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

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

INSTR # 2004045915  
BK 05697 PG 1651 PG(s) 1  
RECORDED 03/09/2004 10:25:50 AM  
RICHARD M WEISS, CLERK OF COURT  
POLK COUNTY  
RECORDING FEES 6.00  
RECORDED BY B Morris

This Instrument Prepared By:

Name: DJ's of Lakeland Inc  
Address: 250 US Hwy 92E Lakeland, Fl.  
Permit No: 9805 32801

NOTICE OF COMMENCEMENT

STATE OF FLORIDA  
COUNTY OF POLK

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- DESCRIPTION OF PROPERTY: (legal description of property, and street address if available) 212825000000031152  
2416 Tiny Terrace Auburndale Fl. 33823
- GENERAL DESCRIPTION OF IMPROVEMENT:  
mobile home set up.
- OWNER INFORMATION  
A. Name and address: Russell Dunn  
B. Interest in property: 2416 Tiny Terrace Auburndale, Fl. 33823  
C. Name and address of fee simple title holder (if other than owner):
- CONTRACTOR  
A. Name and address: JR Griffith, P.O. Box 170  
B. Phone number: 607-2636 Nichols, Fl. 33863
- SURETY  
A. Name and address: Poppel Insurance Inc  
B. Amount of bond \$ 5000.00 P.O. Drawer 00 Plant City  
C. Phone number: 33562.
- LENDER  
A. Name and address:  
B. Phone number:
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13 (1) (a)7., Florida Statutes:  
A. Name and address: NA  
B. Phone number:
- In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:  
A. Name and address: NTA  
B. Phone number:
- Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified):

Signature of Owner: Russell Dunn  
Printed Name/Address: Russell Dunn  
2416 Tiny Terrace Auburndale, Fl 33823  
Sworn to and subscribed before me by Russell Dunn who is  
Personally known to me or produced FLDC as  
identification, this 1 day of March 2004

SEAL:



NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires:

STATE OF FLORIDA, COUNTY OF POLK  
This is to certify that the foregoing is a true  
and correct copy of the document now  
and on file in this office. Witness my hand  
and official seal on this day of \_\_\_\_\_, 2004.

RICHARD M. WEISS, CLERK OF COURT  
D.C.



Building Division



P.O. Box 9005  
Drawer CS02  
330 W. Church St.  
Bartow, FL 33831

(863) 534-6080  
SUNCOM 569-6080  
FAX (863) 534-6016

Board of County Commissioners

# OWNER AFFIDAVIT

## TO OBTAIN POWER RELEASE PRIOR TO SKIRTING INSTALLATION

8805  
PERMIT NUMBER

2416 TIM TERRACE  
ADDRESS  
Auburndale FL 33823

I am the owner of a mobile home or park trailer which is being permitted for set up in Polk County, and I wish to personally assume responsibility for providing the skirting required by the County Land Development Code (LDC).

I understand that the LDC requires that mobile homes and park trailers be skirted, and that my unit will be checked, not sooner than sixty days after set up inspection approval, to assure that this requirement has been met. If skirting in conformance with County code has not been provided at this time, enforcement action may be taken.

Signed: Russell Dunn  
Owner

Russell Dunn  
Print or Type Name

State of Florida, County of Polk

The foregoing instrument was acknowledged before me this 1 day of March  
2004, by Russell Dunn who is personally known to me or who has

produced FLDC (Type of ID) as identification

[Signature]  
Signature of Notary Public  
State of Florida

Teresa Leamon  
Print, type or stamp name of Notary

My Commission Expires: \_\_\_\_\_

Notary Seal  
TERESA LEAMON  
MY COMMISSION # DD 107702  
EXPIRES: May 28, 2008  
Bonded Thru Budget Notary Services

k:\owneraffidavit.frm

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES

LICENSE YEAR

LICENSE NUMBER

2003 - 2004

DH 554 M

## License

PJS DREAM HOME CENTER  
2150 HWY 92 E  
LAKELAND

FL 33801 - 0000

PJS OF LAKELAND INC  
PJS DREAM HOME CENTER  
2150 HWY 92 E  
LAKELAND

FL 33801 - 0000

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### IMPORTANT NOTICE

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FOR SECURITY REASONS, THE DEALER LICENSE CHECK DIGIT WILL NOT APPEAR ON YOUR DEALER LICENSE.

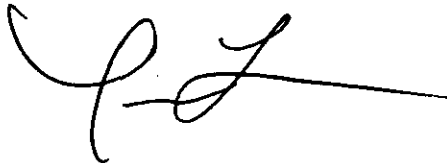
THE FOLLOWING CHECK DIGIT MUST BE USED WITH YOUR CURRENT LICENSE NUMBER IN ORDER TO PROCESS TITLE WORK, OR TO PURCHASE TEMPORARY TAGS AND DEALER PLATES AT THE TAG AGENCY.

THIS CHECK DIGIT IS A SECURITY FEATURE OF YOUR LICENSE. YOU ARE RESPONSIBLE FOR HOW AND WHEN IT IS USED.

YOUR CHECK DIGIT IS Z . THIS CHECK DIGIT IS VALID FOR THE PERIOD OF OCTOBER 1, 2003 THROUGH SEPTEMBER 30, 2004 .

THIS CHECK DIGIT CAN ONLY BE REPLACED WITH AN APPLICATION FOR A NEW LICENSE AND APPROPRIATE FEES.

YOUR LICENSE NUMBER IS DH 554 M



TERESA LEAMON  
MY COMMISSION # DD 107702  
EXPIRES: May 28, 2006  
Bonded Thru Budget Notary Services

8805

P.O. Box 9005  
Drawer CS02  
330 W. Church St.  
Bartow, FL 33831

(863) 534-6080  
SUNCOM 569-6080  
FAX (863) 534-6016

Building Division



Board of County Commissioners

# APPLICATION FOR EXEMPTION OF IMPACT FEES

SCHOOL     COUNTY RD, EMS, CORRECTIONS

1. OWNER: Russell Dunn
2. ADDRESS: 2416 Timy Terrace Auburndale FL 33823
3. PHONE NUMBER: (863) 667-2636
4. PROPERTY LOCATION: Same
5. SEC 01 TWN 28 RAN 25 SUB 00000000 PARCELS 031152
6. DATE ORIGINAL  MOBILE HOME  SFR REMOVED: 2-1-04
7. AUTHORIZED AGENT: PJ'S OF Lakeland, INC
8. AGENT'S MAILING ADDRESS: 2150 S Hwy 92 E Lakeland FL 33801
9. AGENT'S PHONE NUMBER: (863) 667-2636
10. DATE NEW MOBILE HOME/SFR PERMIT ISSUED: \_\_\_\_\_

### CERTIFICATION FORM OWNER/AUTHORIZED AGENT

I hereby affirm that the above information is correct and complete to the best of my knowledge.

3-9-04  
DATE

[Signature]  
SIGNATURE OF OWNER/AGENT  
*Tevesa Leamon*

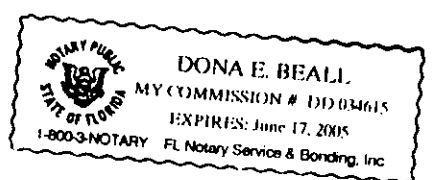
Subscribed and sworn to before me this 9<sup>th</sup> day of March, 20 04.

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Exp: 6-17-05

IS  IS NOT PERSONALLY KNOW TO ME  
IDENTIFIED BY: \_\_\_\_\_

Rev 01/06/04





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

CENTRAX #: 53-SL-18861  
DATE PAID: 1-29-04  
FEE PAID: \$ 25.00  
OSTDSNBR: 04-0281-E

APPLICANT: DUNN, RUSSELL  
AGENT: LEAMON, LEAMON TERESA

PROPERTY STREET ADDRESS: 2416 TINY TERRACE Auburndale FL 33823 4838

LOT: 352 BLOCK: N/A SUBDIVISION: N/A

PROPERTY ID #: 21-28-25000000031152  
[Section/Township/Range/Parcel No.]  
[OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.

SETBACKS	TANK INSTALLATION	DRAINFIELD INSTALLATION	DEPTH OF COVER	SYSTEM ELEVATION	SYSTEM LOCATION	DOSING PUMPS	AGGREGATE SIZE	AGGREGATE SOURCE	AGGREGATE WASHED	AGGREGATE DEPTH	FILL/EXCAVATION MATERIAL	FILL AMOUNT	FILL TEXTURE	EXCAVATION DEPTH	EXCAVATION AREA	REPLACEMENT MATERIAL
[27] SURFACE WATER	[01] TANK SIZE [1] 900 [2]	[09] AREA [1] 365 [2] SOFT	[14] DEPTH OF COVER	[15] SYSTEM ELEVATION	[16] SYSTEM LOCATION	[17] DOSING PUMPS	[18] AGGREGATE SIZE	[19] AGGREGATE SOURCE	[20] AGGREGATE WASHED	[21] AGGREGATE DEPTH	[22] FILL AMOUNT	[23] FILL TEXTURE	[24] EXCAVATION DEPTH	[25] EXCAVATION AREA	[26] REPLACEMENT MATERIAL	
[28] DITCHES																
[29] PRIVATE WELLS																
[30] PUBLIC WELLS																
[31] IRRIGATION WELLS																
[32] POTABLE WATER LINES																
[33] BUILDING FOUNDATION																
[34] PROPERTY LINES																
[35] OTHER																
[36] DRAINFIELD COVER	[10] DISTRIBUTION BOX/HEADER	[09] AREA [1] 365 [2] SOFT	[14] DEPTH OF COVER	[15] SYSTEM ELEVATION	[16] SYSTEM LOCATION	[17] DOSING PUMPS	[18] AGGREGATE SIZE	[19] AGGREGATE SOURCE	[20] AGGREGATE WASHED	[21] AGGREGATE DEPTH	[22] FILL AMOUNT	[23] FILL TEXTURE	[24] EXCAVATION DEPTH	[25] EXCAVATION AREA	[26] REPLACEMENT MATERIAL	
[37] SHOULDERS	[11] NUMBER OF DRAINLINES	[10] DISTRIBUTION BOX/HEADER														
[38] SLOPES	[12] DRAINLINE SEPARATION															
[39] STABILIZATION MATERIAL	[13] DRAINLINE SLOPE															
[40] UNOBSTRUCTED AREA	[14] DEPTH OF COVER															
[41] STORMWATER RUNOFF	[15] SYSTEM ELEVATION															
[42] ALARMS	[16] SYSTEM LOCATION															
[43] MAINTENANCE AGREEMENT	[17] DOSING PUMPS															
[44] BUILDING AREA	[18] AGGREGATE SIZE															
[45] PLUMBING FIXTURES	[19] AGGREGATE SOURCE															
[46] FINAL SITE GRADING	[20] AGGREGATE WASHED															
[47] CONTRACTOR	[21] AGGREGATE DEPTH															
[48] OTHER	[22] FILL AMOUNT															
[49] TANK PUMPED	[23] FILL TEXTURE															
[50] TANK CRUSHED AND FILLED	[24] EXCAVATION DEPTH															
	[25] EXCAVATION AREA															
	[26] REPLACEMENT MATERIAL															

965-5500

28 APPROV

3

EX

900 [2]

CONSTRUCTION [ APPROVE/DISAPPROVE ]  
 CHD Date: 1-30-04  
 Polk

FINAL SYSTEM [ APPROVE/DISAPPROVE ]  
 CHD Date: 1-30-04  
 Polk





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

1886d

PERMIT NO. 04-0281-E  
DATE PAID: 1-29-04  
FEE PAID: 25.00  
RECEIPT #: 22301  
04-19715

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: Russell Duin

AGENT: Tereso Leama TELEPHONE: 559-8124

MAILING ADDRESS: 2150 U.S. Hwy 92 E Lakeland, FL 33801

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.

PROPERTY INFORMATION

LOT: 352 thru 356 BLOCK: \_\_\_\_\_ SUBDIVISION: Unrecorded mobile Home Village PLATTED: \_\_\_\_\_

PROPERTY ID #: 21282500000031152 ZONING: Res I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.28 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [X] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 2416 Tiny Terrace Auburndale FL 33823-4838

DIRECTIONS TO PROPERTY: Hwy 92 to Reynolds Rd go(L) to Main St go(L) to Sun Acres Blvd go(L) to King go(R) to Thompson go(L) to Tiny Terrace go(R) to lot 15 on the (L)

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	mobile Home	Replacing		
2			28x76 = 2128	
3			4626	
4			with A 28x76 = 2128	

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	mobile Home	Replacing		
2			28x76 = 2128	
3			4626	
4			with A 28x76 = 2128	

Floor/Equipment Drains     Other (Specify) Normal

SIGNATURE: \_\_\_\_\_ DATE: 1-29-04



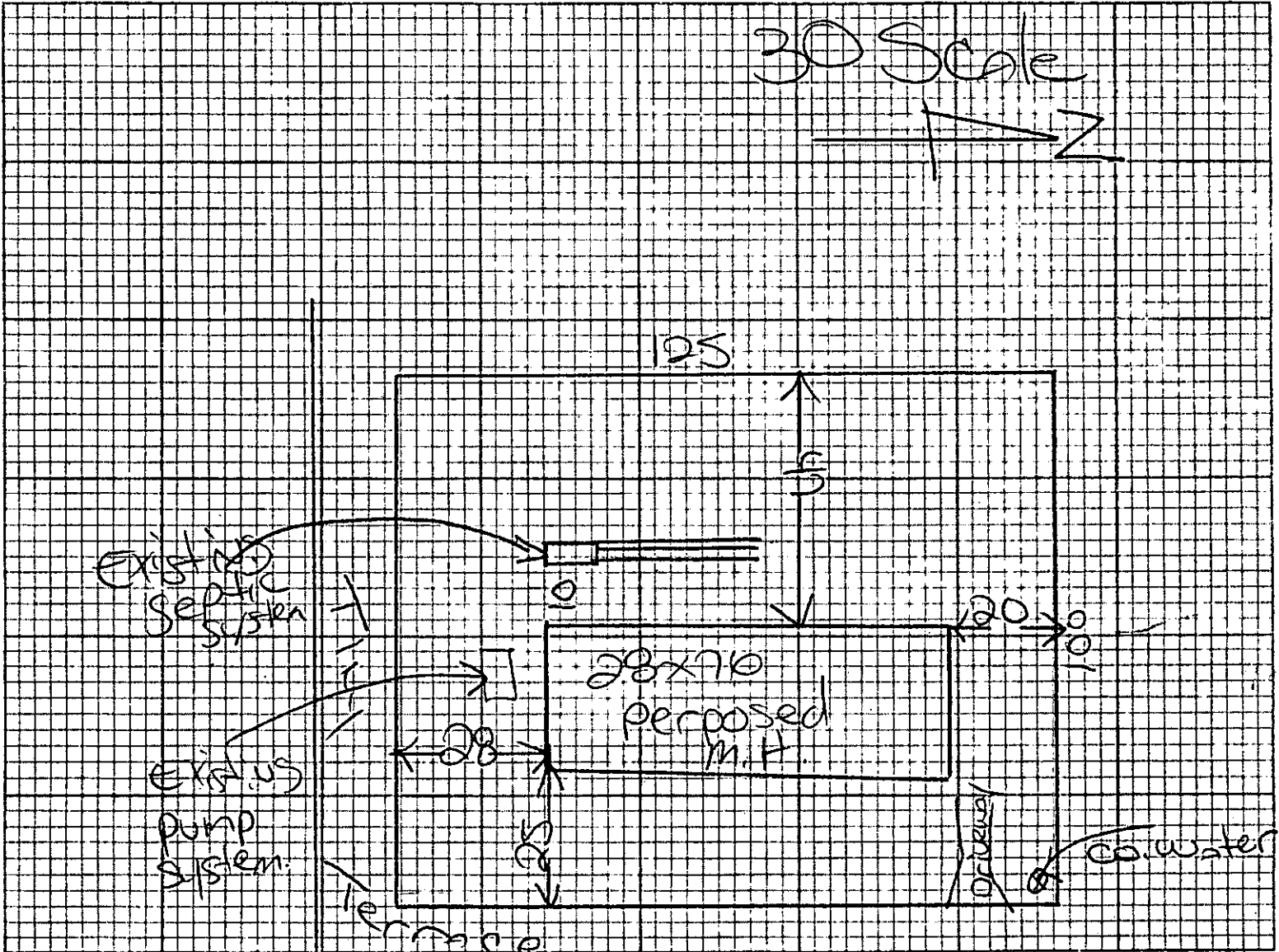
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04 2016

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Signature

agent  
Title

Plan Approved

Not Approved

Date 11/30/04

By

P. J. C.

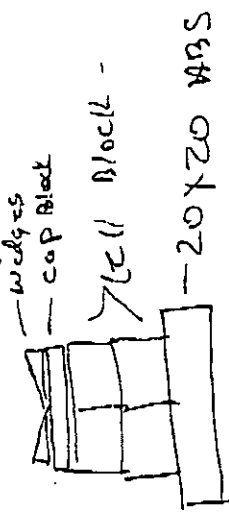
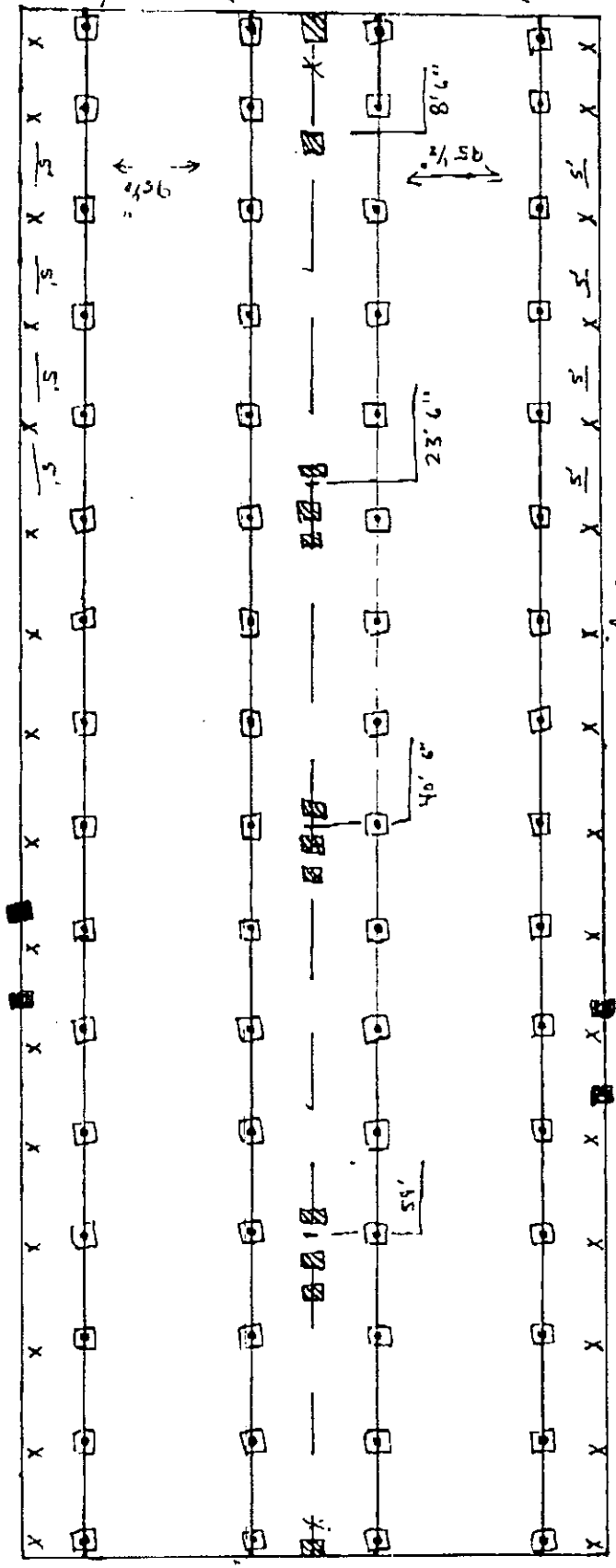
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

8805.

# 8805

HT  
Trench



- X - ANCHOR
- \* - Longitudinal Ancher
- - Frame Piece
- - Door Piece
- ▨ - Centerline Piece

2004 Fleetwood  
2847P

3-9-04  
not review  
DB

Assumed	1500	5 ft on Center	20 x 20 WBS	Per Manual
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# POCKET PENETROMETER TEST RESULTS

PROPERTY LOCATION: 2416 Tivy Terrace  
Auburndale FL 33823

Test Location #1  
1500 psf

X

Test Location #2  
1500 psf

X

Test Location #3  
1500 psf

X

- Test the perimeter of the home at six (6) locations
- Take the reading at the depth of the footer
- Using 500 LB increment, take the lowest reading and round down to that increment.

X

X

X

Test Location #4  
1500 psf

Test Location #5  
1500 psf

Test Location #6  
1500 psf

Soil bearing capacity used to determine pier layout: 1500 psf

I hereby certify that the above is a true and accurate representation of pocket penetrometer test results taken by me at the above referenced location on 3 1 04  
Month / Day / Year

JR Grice  
Name (Please Print)

JR's mobile home set-up.  
Employer

[Signature]  
Signature

8

**IMPERIAL POLK COUNTY**  
**P O BOX 9005**  
**BARTOW, FL 33831-9005**  
**BUILDING DIVISION**  
**BUILDING DEPARTMENT**  
**PERMIT**

4/2/04

<b>PERMIT #:</b>	8805	<b>AP TYPE:</b> MH	<b>ISSUE DATE:</b> 03/09/2004
<b>INSPECTION AREA:</b>	10		<b>APPLIED DATE:</b> 03/09/2004
<b>JOB LOCATION:</b>	2416 TINY TER WINTER HAVEN, FL 33880-		
<b>SUBDIVISION:</b>			
<b>PARCEL #:</b>	252821-000000-031152		
<b>WORK TYPE:</b>	MOBILE HOME/B_MH		
<b>JOB DESCRIPTION:</b>	Mobile Home Replacement 2004 DW 28x76 Fleetwood		
<b>PRIMARY APPLICANT:</b>	GRIFFITH MOBILE HOME SERVICE		
<b>DOING BUSINESS AS:</b>	GRIFFITH MOBILE HOME SERVICE		
<b>PHONE:</b>	863-640-9208 x		
<b>CELL PHONE:</b>			
<b>LOCATION/ADD INFO:</b>	NORTH ON HWY 98 TO COMBEE RD, GO RIGHT TO MAIN ST, RIGHT INTO AUBURNDALE TO SUN ACRES BLVD, LEFT TO KING, GO RIGHT TO THOMPSON, LEFT TO TINY TERRACE TO 2416 TINY TERRACE..		

SUB-PERMITS

<u>PT</u>	<u>CONTR ID</u>	<u>DBA</u>
MHOME	8012	GRIFFITH MOBILE HOME SERVICE
ELEC	2905	LILLEY AIR CONDITIONING(ELECT)
AC_B	175	LILLEY AIR CONDITIONING (CA/C)

INSPECTIONS

<u>INSP TYPE</u>	<u>CODE AND DESCRIPTION</u>	<u>STATUS</u>	<u>INSP BY</u>	<u>SCHEDULE DATE</u>
988: MOBILE HOME SKIRTING	99NC NCD3764			04/02/2004
988: MOBILE HOME SKIRTING	0000: NOTE TO INSPECTOR SKIRTING NOT COMPLETE.			
501: DRIVEWAY PREPOUR		PASSED 3/30/04	ADAMS	03/30/2004
988: MOBILE HOME SKIRTING	80: VIOLATION/YELLOW TAG/NO FEE	FAILED 3/29/04	DENMARK	03/29/2004
988: MOBILE HOME SKIRTING	0000: NOTE TO INSPECTOR SKIRTING NOT COMPLETE.	FAILED 3/29/04	DENMARK	
987: MOBILE HOME SETUP		PASSED 3/25/04	HERWOOD	03/25/2004
987: MOBILE HOME SETUP	85: INSPECTOR RESET	CANCELLED 3/24/04	HERWOOD	03/24/2004