

DATE 09/28/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028891

APPLICANT JANICE L. SHERWIN PHONE 386.462.7742
 ADDRESS 14102 NW 270TH AVENUE ALACHUA FL 32615
 OWNER JANICE & ANDREW SHERWIN PHONE 386.462.7742
 ADDRESS 4296 SE CR 18 LAKE CITY FL 32025
 CONTRACTOR VIC ETHERIDGE PHONE 352.283.1510
 LOCATION OF PROPERTY 441/41-S TO C-18, TURN E TO APPROX. 5 MILES ON THE RIGHT
SIDE.

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- MAX. HEIGHT _____
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-6S-18-10638-000 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.50

10251851 *J. Sherwin*
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor
 EXISTING 10-0359 BLK TC
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE ROAD. POWER IS CONTINGENT UPON IN COUNTY PRE-INSPECTION
AS PER G. PARNELL. MR. ETHERIDE WILL SET 5' OC PIERS.(TC CALLED
9.22.10). LEGAL LOT OF RECORD BY DIVISION OF ROAD. Check # or Cash 2728

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

*- TO SPACE - 12.18.10
 - w/CL:LA -
 SHOULD BE 0 FOR
 NO. EX. D.U. ON
 PERMIT*

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 6.42 WASTE FEE \$ 16.75
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 398.17
 INSPECTORS OFFICE *J. Sherwin* CLERKS OFFICE *CH*

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 RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

Alachua County Manufactured Home Installation Worksheet

This worksheet is to be filled out by the installer of the manufactured home and becomes part of the Building Permit information. The permit, this worksheet, the manufacturer's installation booklet and the subcontractor form must be on the job site for the mobile home inspection.

Permit # _____

Applicant _____
Address _____

Name of Licensed Dealer/Installer _____
License Number _____
Installation Decal # _____

Manufacturer's Name _____ Model Name _____

Roof Zone _____ Wind Zone _____

Number of Sections _____ WIDTH _____ LENGTH _____ YEAR _____ SERIAL# _____

Installation Standard Used: (Check one) MANUFACTURER'S MANUAL _____ 15C-1 _____

SITE PREPARATION:

Debris and Organic Material Removal _____ Compacted Fill _____ Page# _____

Water Drainage: Natural _____ Swale _____ Pad _____ Other _____ Page# _____

FOUNDATION:

Tested load Bearing Soil Capacity: _____ or Assumed 1000 PSF _____ Page # _____

Footing Type: Poured in place _____ Portable _____ Size and Thickness _____ Page # _____

I-Beam or Mainrail Piers: Single Tiered _____ Double Interlocked _____ Page # _____

Size of Piers _____ Placement O/C _____ Page # _____

Perimeter Pier Blocking: Size _____ Placement O/C _____ Page # _____

Ridge Beam Support Blocking: Size _____ Number _____ Location(s) _____ Page # _____

Ridge Beam Support Footer Size: Size _____ Number _____ Location(s) _____ Page # _____

Center Line Blocking: Number _____ Size _____ Location(s) _____ Page # _____

Special Pier Blocking: Required (Fireplace, Bay Window, Etc) Yes _____ No _____ Page # _____

Mating of Multiple Units: Mating Gasket _____ Type Used _____ Page # _____

Fasteners: ROOFS Type and Size _____ Spacing _____ O/C _____ Page # _____

ENDWALLS Type and Size _____ Spacing _____ O/C _____ Page # _____

FLOORS Type and Size _____ Spacing _____ O/C _____ Page # _____

ANCHORS:

Type 3150 Working Load _____ 4000 Working Load _____ Page # _____

Height of Unit: (Top of Foundation or Footer to Bottom of Frame) _____ Page # _____

Number of Frame Ties _____ Spacing _____ O/C Angle of Strap _____ Degrees Page # _____

Number of Over Roof Ties: If Required) _____ Page # _____

Number of Sidewall Anchors _____ Zone II _____ Zone III _____ Page # _____

Number of Centerline Anchors _____ Number of Stabilizer Devices _____ Page # _____

Vents Required for Underpinning (1 ST/150 SF of Floor Area) Number _____ Page # _____

2889!
CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/7/10 BY LH IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Janice Sherwin PHONE 386-462-7742 CELL 386-266-9575

ADDRESS 4296 SE CR 18, Lake City FL 32025

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 South, (L) East on CR 18
about 5 miles on (R) - Across from Graham farm - See
post at driveway with 4296

MOBILE HOME INSTALLER Vic Etheridge PHONE 813-283-1570 CELL _____

MOBILE HOME INFORMATION

MAKE General YEAR 92 SIZE LP x 60 COLOR Grey

SERIAL NO. GA #EA1229717152A1B

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

- 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

\$50.00

Date of Payment: 9-21-10

Paid By: Janice Sherwin

Notes: 648597 except #

Out of Co. Approved

EXTERIOR:

- WALLS/SIDDING () 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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

6/len
Call Janice when inspection done so
she can notify Vic. Thanks. LH

SIGNATURE [Signature]

ID NUMBER 402 DATE 10-8-10

9-22-10

COMMENTS: NOTED ON PERMIT

OKAY TO ISSUE AS PER GIVEN: NO POWER GRANTED NOT UNTIL PRE-INSPECTION

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BZK 2707-10 Building Official T.C. 9-22-10

AP# 1009-39 Date Received 9/21 By JW Permit # 28891

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Need To Place Piers on 5' center with 17 1/2 x 25 1/2

Level lot of Regard by Called Mr. Ethridge 9-22-10 will do 5' oc. Piers

FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A

Site Plan with Setbacks Shown EH # 10-0359 EH Release Well letter Existing well

Recorded Deed or Affidavit from land owner Letter of Auth. from installer State Road Access

Parent Parcel # _____ STUP-MH _____ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _ Impact Fees Suspended March 2009 _

Culvert # 1741

DIC - Haggled
OC
UF
SEE NOTES ABOVE

Property ID # 20-65-18-10638-000 Subdivision N/A

- New Mobile Home _____ Used Mobile Home MH Size 28x60 Year 1997
- Applicant Andrew & Janice Sherwin Phone # *386-462-7747 WIC# #352 23761
- Address 4296 SE CR 18, LAKE CITY, FL 32025
- Name of Property Owner Andrew & Janice Sherwin Phone# 386-462-7747
- 911 Address 4296 SE CR 18, LAKE CITY, FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy *386-266-9575
- Name of Owner of Mobile Home Andrew & Janice Sherwin Phone # 386-462-7747
- Address 14102 NW 270 Ave., Alachua, FL 32615
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 1 1/2 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 (Owes)
- Driving Directions to the Property South on 441, East on CR 18 about 5 miles on Right - Across from Graham farm - see post at driveway with 4296
- Name of Licensed Dealer/Installer Vic Ethridge Phone # 352 2831510
- Installers Address P.O. Box 3266 High Springs, FL 32655
- License Number 10251851 Installation Decal # 1032

Spoke to Andy
9/27/10

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Vic Shmeisdae License # 1025 1851

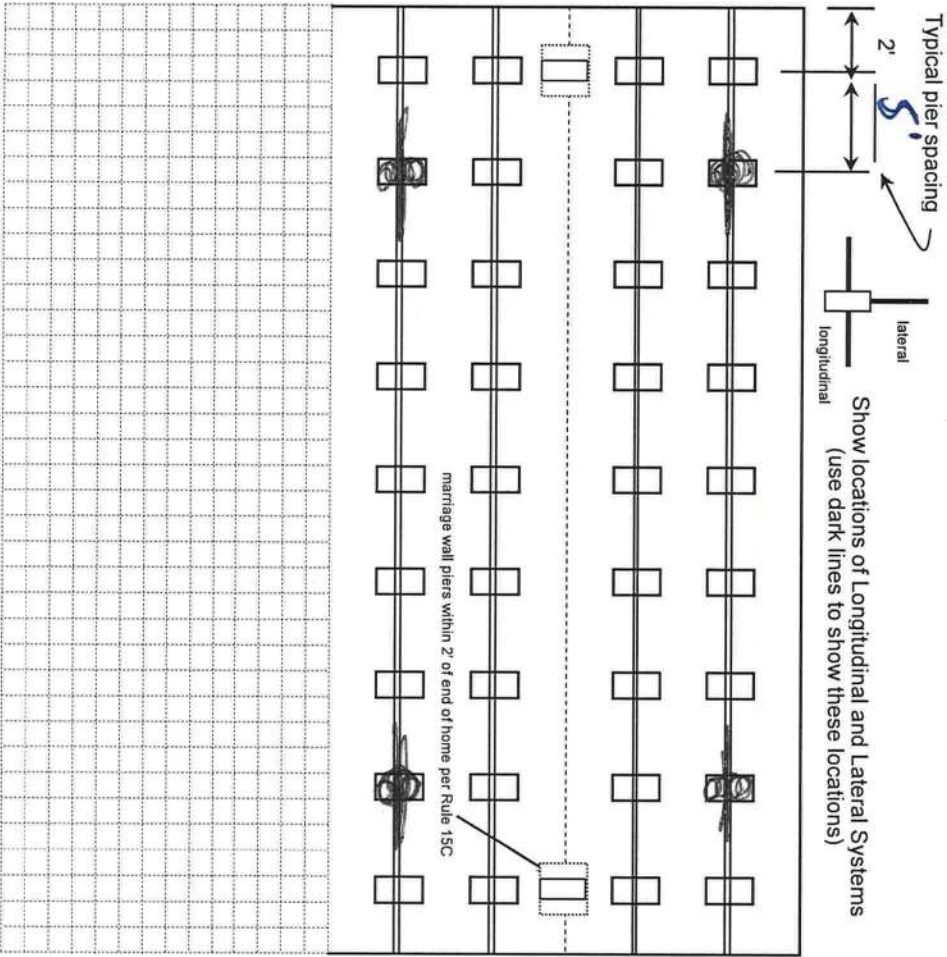
911 Address where home is being installed. 4296 SE CR 18 Lake City, OR

Manufacturer GENERAL Length x width 28x60

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 [Signature]



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 # 1032

Triple/Quad Serial # SMHGA1829717152AB

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 12x25

Perimeter pier pad size 19x14

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 16x16x32 Pier pad size

ANCHORS

4 ft 5 ft

FRAME TIES

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Technology

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall 26
Longitudinal Marriage wall 5
Shearwall 5

6
near
4ft
5'1
oc.
4ft

POCKET PENETROMETER TEST

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

X 1000 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 240 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Vic Stevens
 Date Tested 9-9-10

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

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.

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 609 Length: 6" Spacing: 2'
 Walls: Type Fastener: 1/2" Length: 4" Spacing: 4"
 Roof: Type Fastener: 1/2" Length: 4" Spacing: 4"
 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 DS

Type gasket Rolled Bond installed:
 Pg. 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

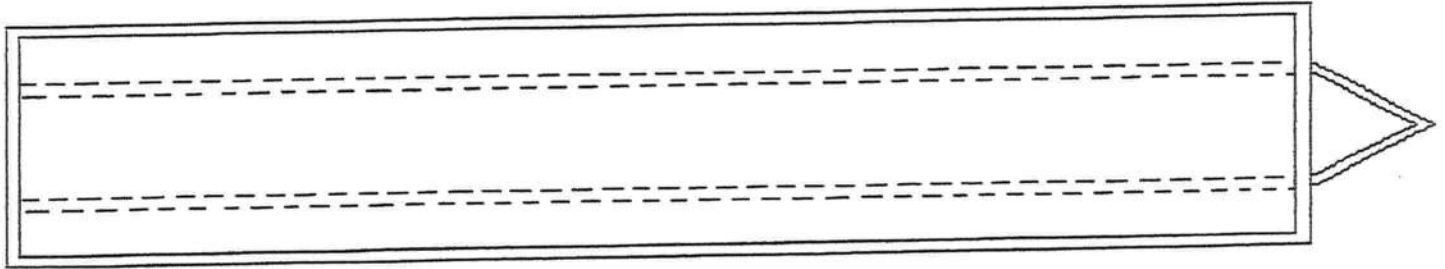
Skirting to be installed. Yes No
 Dryer vent installed outside of skirting. Yes N/A
 Range downflow vent installed outside of skirting. Yes N/A
 Drain lines supported at 4 foot intervals. Yes
 Electrical crossovers protected. Yes
 Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

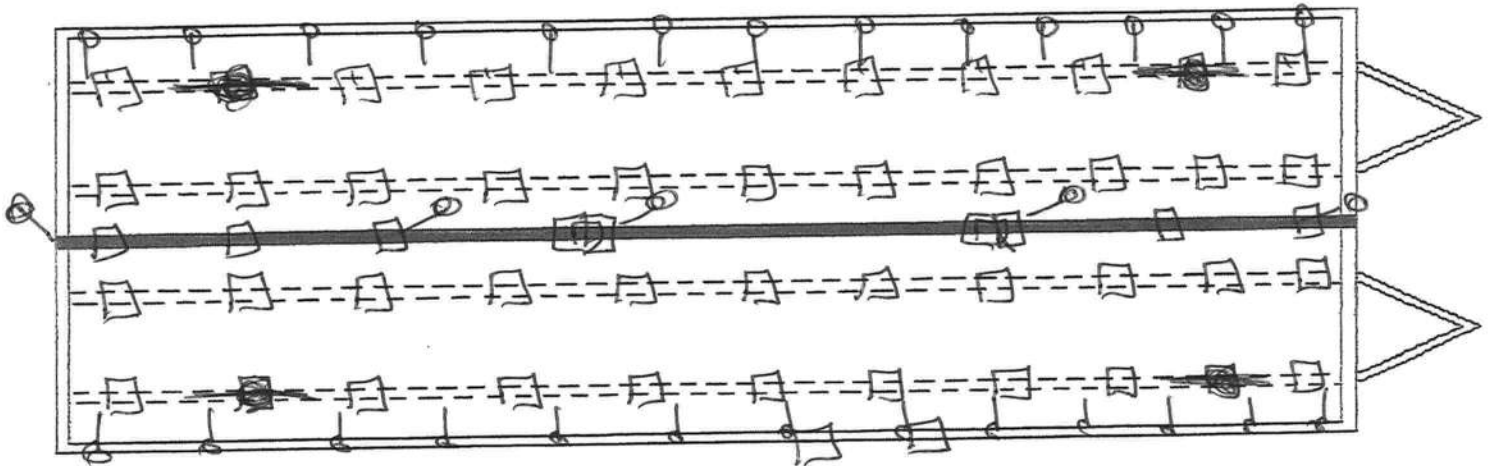
Installer Signature Vic Stevens Date 9-9-10

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



DOUBLE WIDE MOBILE HOME




ANCHOR


PIER


PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

Dependable Well Drilling Inc.
2139 NW 50th St
Bell, Fl. 32619
Phone: 386-935-3042

Date: July 30th.

We are drilling a well for Janice Sherman, at
4296 SE CR 18 Lake City Fl. 32025.

It will have a 1HP pump, cycle stop & tank.

Thank You

Randy Smith
Randy Smith

fax to: ~~352-470-0104~~
386-758-2160



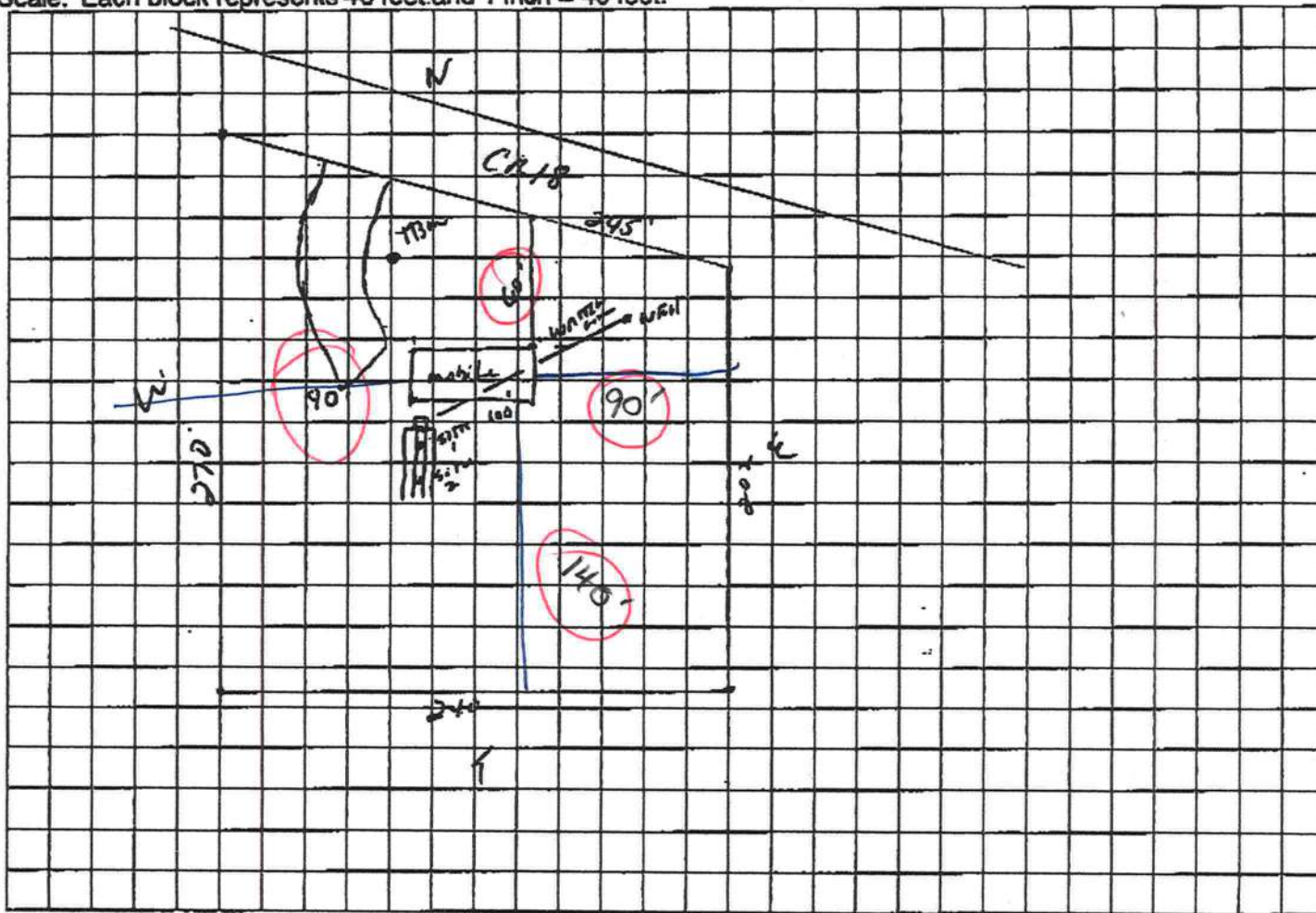
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PK
STG: PLAN/DIMENSION FOR MH

PART II - SITEPLAN

Scale: Each block represents $\frac{20}{10}$ feet and 1 inch = $\frac{80}{40}$ feet.



Notes: _____

Site Plan submitted by: *R. Smith* _____

Plan Approved _____ Signature Not Approved _____

Date _____ Title _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1009-39 CONTRACTOR JAMES SHERWIN PHONE 462-7742

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 <u>Andrew R. Sherwin</u> License #:	Signature <u>Andrew R. Sherwin</u> Phone #: <u>386-462-7742</u>
MECHANICAL/ A/C ✓	Print Name <u>Andrew R. Sherwin</u> License #:	Signature <u>Andrew R. Sherwin</u> Phone #: <u>386-462-7742</u>
PLUMBING/ GAS ✓	Print Name <u>Andrew R. Sherwin</u> License #:	Signature <u>Andrew R. Sherwin</u> Phone #: <u>386-462-7742</u>
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

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: 7/20/2009 DATE ISSUED: 7/21/2009

ENHANCED 9-1-1 ADDRESS:

4296 SE COUNTY ROAD 18
LAKE CITY FL 32025
PROPERTY APPRAISER PARCEL NUMBER:
20-6S-18-10638-000

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.

1482



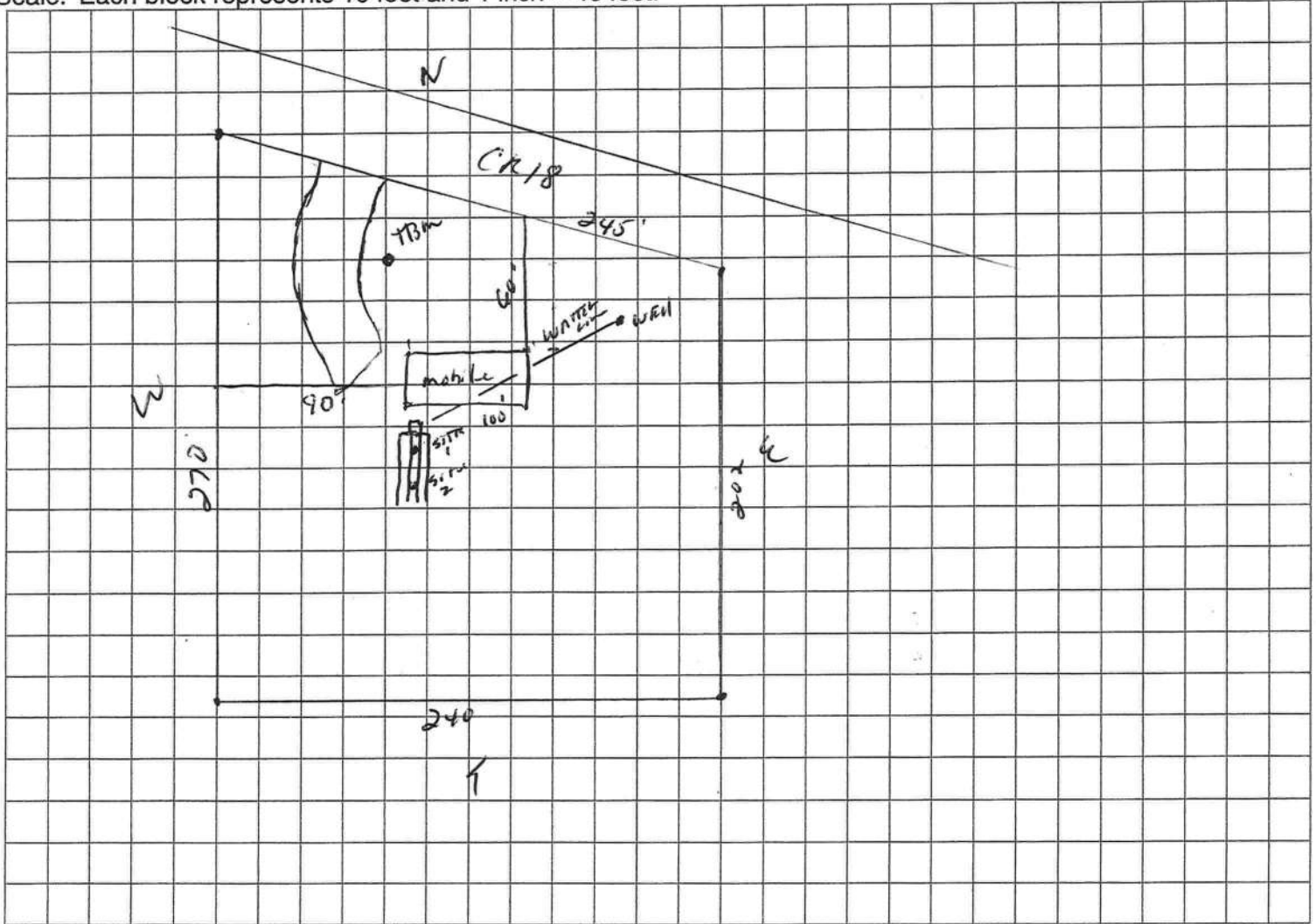
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0359

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

Scale: Each block represents ²⁰/₁₀ feet and 1 inch = ⁸⁰/₄₀ feet.



Notes: _____

Site Plan submitted by: R. Smith

Plan Approved Signature Not Approved _____

By Sallye Ford, EHD Director

Agent _____

Date 7/26/10

County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT
 Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 10-0359
 913252
 DATE PAID 7/23/10
 FEE PAID \$ 30.00
 RECEIPT # 1897556

APPLICATION FOR:

New System Existing System Holding Tank Temporary/Experimental
 Repair Abandonment Other(Specify) _____

APPLICANT: Janice & Andrew Sherwin

TELEPHONE: 386-462-7742

AGENT: _____

MAILING ADDRESS: 14102 NW 270th Ave., A Lachua, FL 32615

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: _____ BLOCK: _____ SUBDIVISION: 20-65-18 DATE OF SUBDIVISION: _____

PROPERTY ID #: 20-65-18-10638-000 [Section/Township/Range/Parcel No.] ZONING: Ag.

PROPERTY SIZE: 1.5 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY STREET ADDRESS: 4296 SE CR 18, LC, FL 32025

DIRECTIONS TO PROPERTY: 441 S TL E CR 18 Property Approx 1/4 mile from County Line on Right

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	Double Wide Mobile Home	3	1680	2	
2					
3					
4					

Garbage Grinders/Disposals Spas/Hot Tubs Floor/Equipment Drains
 Ultra-low Volume Flush Toilets Other (Specify) _____

APPLICANT'S SIGNATURE: Janice L. Sherwin DATE: 7/23/10



COLUMBIA COUNTY BUILDING DEPARTMENT
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Vic Etheridge, give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Agents Company Name
Andrew Sherwin	<i>Andrew R. Sherwin</i>	CUSTOMER
Janice Sherwin	<i>Janice L. Sherwin</i>	CUSTOMER

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Vic Etheridge
 License Holders Signature (Notarized) 1025 1851 9/20/10
 License Number Date

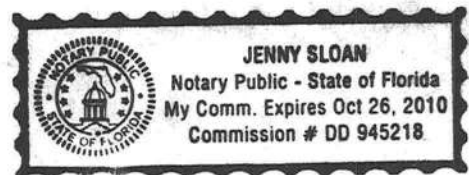
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Vic Etheridge, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 20th day of September, 2010.

Jenny Sloan
 NOTARY'S SIGNATURE

(Seal/Stamp)



Prepared by: 20,000.00
Leslie C. Snyder
Southern Professional Title Services, Inc.
185 SE 1st Street
Lake Butler, Florida 32054

Rec. 18.50
DS 154.00
\$172.50

Inst: 200912013842 Date: 8/19/2009 Time: 10:36 AM
Doc Stamp-Deed: 0.00
DC.P.DeWitt Casson, Columbia County Page 1 of 2 B: 1179 P: 729

Instr. #20090001671
BK: 275 PG: 367
Number of Pages 2
Regina Parrish, Clerk of Court
Union County, FL
07/28/2009 at 02:33 PM DEED DOC STAMP \$154.00

File Number: L9-1593

General Warranty Deed

Made this July 10, 2009, A.D., by **Ivan Fowler, a single man**, whose address is 6349 SW CR-241, Lake Butler, Florida 32054, hereinafter called the grantor, to **Janice L. Sherwin and Andrew R. Sherwin, husband and wife**, whose address is 14102 NW 270th Avenue, Alachua, Florida 32615, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Columbia County, Florida**, viz:

As described on Exhibit "A" attached hereto and by this reference made a part hereof.

Parcel ID Number: 10638-000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2008.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

*Signed, sealed and delivered
in our presence:*

Leslie C. Snyder
Witness Printed Name Leslie C. Snyder

Ivan Fowler (Seal)
Ivan Fowler
Address: 6349 SW CR-241, Lake Butler, Florida 32054

Kay C. Waters
Witness Printed Name Kay C. Waters

State of Florida
County of Union

The foregoing instrument was acknowledged before me this 10th day of July, 2009, by Ivan Fowler, a single man, who is/are personally known to me or who has produced a Florida Drivers License as identification.



Leslie C. Snyder
Notary Public
Print Name: _____
My Commission Expires: _____

THIS DEED IS BEING RE-RECORDED TO CORRECT THE COUNTY OF RECORD.

Exhibit "A"

Commence at the Southwest corner of the Southeast 1/4 of the Northwest 1/4 of Section 20, Township 6 South, Range 18 East, Columbia County, Florida, and run East along the South boundary line of said Southeast 1/4 of said Northwest 1/4 a distance of 218 feet for a POINT OF BEGINNING; run thence East along the South boundary line of said Southeast 1/4 of said Northwest 1/4 a distance of 236 feet; run thence North parallel to the West boundary of said Southeast 1/4 of said Northwest 1/4 a distance of 280 feet, more or less, to the South right-of-way line of State Road No. 18; run thence Westerly along said South right-of-way line of said State Road No. 18 to a point on said right-of-way being a distance of 218 feet on a perpendicular from the West boundary line of said Southeast 1/4 of said Northwest 1/4 and a distance of 341 feet on a perpendicular from the South boundary line of the said Southeast 1/4 of said Northwest 1/4; run thence South parallel to the West boundary line of said Southeast 1/4 of said Northwest 1/4 a distance of 341 feet to the POINT OF BEGINNING; all lying and being in the Southeast 1/4 of the Northwest 1/4 of Section 20, Township 6 South, Range 18 East, Columbia County, Florida.

File Number: L9-1593

Legal Description with Non Homestead
Closer's Choice

SENT 9.21.10

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM FLORIDA COUNTY
OWNERS NAME Andrew Sherman PHONE 386 462 7202 CELL 386 283 1510
INSTALLER Vic Ethredge PHONE 386 283 1510 CELL 386 283 1510
INSTALLERS ADDRESS P.O. Box 3266 High Springs FL 32655

MOBILE HOME INFORMATION

MAKE General YEAR 1997 SIZE 28 x 60
COLOR Red SERIAL No. FNHGA1229717152AB
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:

FLOORS Good
DOORS Good
WALLS Good
CABINETS Good
ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:

WALLS / SIDING Good
WINDOWS Good
DOORS Good

STATUS:

APPROVED NOT APPROVED

NOTES: Home is in very good condition

INSTALLER OR INSPECTORS PRINTED NAME John V. Ethredge

Installer/Inspector Signature [Signature] License No. 10251851 Date 9-17-10

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.

Code Enforcement Approval Signature [Signature] Date 9-21-10