

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

*For Office Use Only* (Revised 7-1-15) Zoning Official LN Building Official JWD  
 AP# 1809-10 Date Received 9-7-18 By LH Permit # 37226  
 Flood Zone X Development Permit \_\_\_\_\_ Zoning A3 Land Use Plan Map Category A  
 Comments STUP 1809-45

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FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor labor road River \_\_\_\_\_ In Floodway \_\_\_\_\_  
 Recorded Deed or  Property Appraiser PO  Site Plan  EH # 18-0782  Well letter OR  
 Existing well  Land Owner Affidavit  Installer Authorization  FW Comp. letter  App Fee Paid  
 DOT Approval  Parent Parcel # \_\_\_\_\_  STUP-MH 1809-45  911 App  
 Ellisville Water Sys  Assessment Paid on Property  Out County  In County  Sub VF Form

*over for this unit*

Property ID # 12-5S-16-03596-000 Subdivision na Lot# na

- New Mobile Home  Used Mobile Home \_\_\_\_\_ MH Size 28 x 68 Year 2018
- Applicant Dale Burd Phone # 386-365-7674
- Address 20619 CR 137, Lake City, FL, 32024
- Name of Property Owner Joseph <sup>Lula</sup> Nettles Phone# 386-752-2995
- 911 Address 359 SW Wesson Ct Lake City fl 32024
- Circle the correct power company - FL Power & Light - (Clay Electric)  
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Joseph "Kye" Osburn Phone # 386-288-7832  
 Address 212 <sup>SW</sup> Wesson Court, Lake City, FL, 32024
- Relationship to Property Owner Grandson
- Current Number of Dwellings on Property 2
- Lot Size 2642 x 1296 Total Acreage 80
- Do you : Have  Existing Drive  Private Drive or need  Culvert Permit or  Culvert Waiver (Circle one)  
(Currently existing) (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
- Driving Directions to the Property 41 South, TR SW Tustenuggee Ave, TR CR 240, TL SW Wesson Court, 1/4 mile back to new site

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- Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
- Installers Address 5801 SW St Hwy 47, Lake City, FL, 32024
- License Number IH-1038219 Installation Decal # 54142



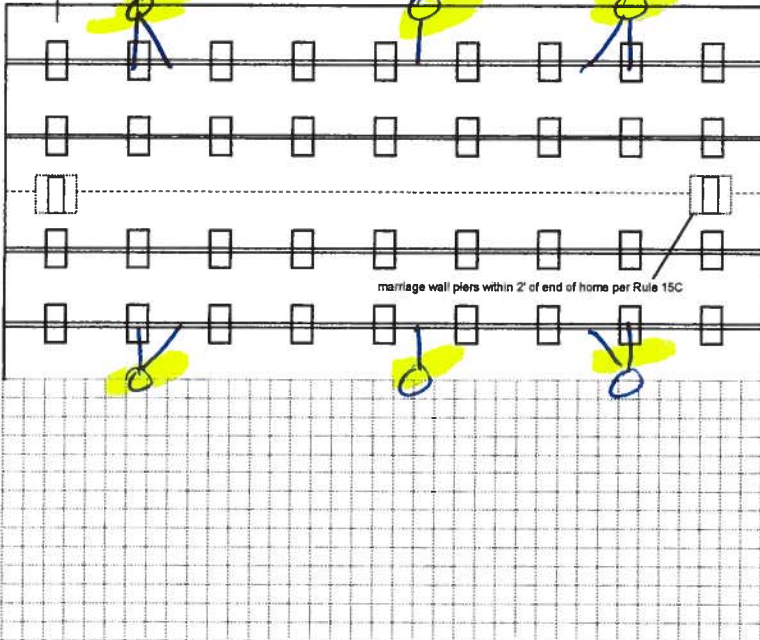
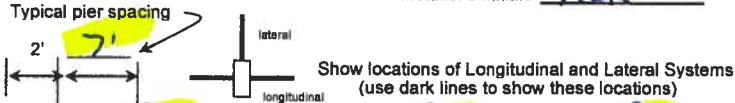
*Dale knows what is needed.*

# Mobile Home Permit Worksheet

Installer: Rusty L. Knowles License # IH-1038219  
 Address of home being installed: SW WASSON COURT  
Lake City, FL 32024  
 Manufacturer: Live Oak Length x width: 28x68

**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: RLK



Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

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 # 54142  
 Triple/Quad  Serial # LONGBA11018637 AR

### 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		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

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

### PIER PAD SIZES

I-beam pier pad size: 23 1/4 x 31 1/4  
 Perimeter pier pad size: NA  
 Other pier pad sizes (required by the mfg.): 11 x 16

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
<u>26'</u>	<u>24x24</u>

### POPULAR PAD SIZES

Pad Size	Sq In
18 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 28 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

### ANCHORS

4 ft  5 ft

### FRAME TIES

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

### TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer: 6  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer: Home pride

### OTHER TIES

Number  
 Sidewall: 24  
 Longitudinal: 6  
 Marriage wall: 200  
 Shearwall: 200

**Mobile Home Permit Worksheet**

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

**POCKET PENETROMETER TEST**

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

X 25 X 25 X 25

- 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 25 X 25 X 25

**TORQUE PROBE TEST**

The results of the torque probe test is NA 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 require anchors with 4000 lb holding capacity.

RLK Installer's initials

**ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER**

Installer Name Rusty L. Kwoolus  
Date Tested 8-31-13

**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. 15C-1

**Plumbing**

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

**Site Preparation**

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

**Fastening multi wide units**

Floor: Type Fastener: hass Length: 6" Spacing: 10"  
Walls: Type Fastener: staples Length: 4" Spacing: 24"  
Roof: Type Fastener: staples Length: 1 3/4" Spacing: 48"  
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 RLK

Type gasket Factory Installed:  
Pg. 15C-1 Between Floors Yes   
Between Walls Yes   
Bottom of ridgebeam Yes

**Weatherproofing**

The bottomboard will be repaired and/or taped. Yes  Pg. 15C-1  
Siding on units is installed to manufacturer's specifications. Yes   
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

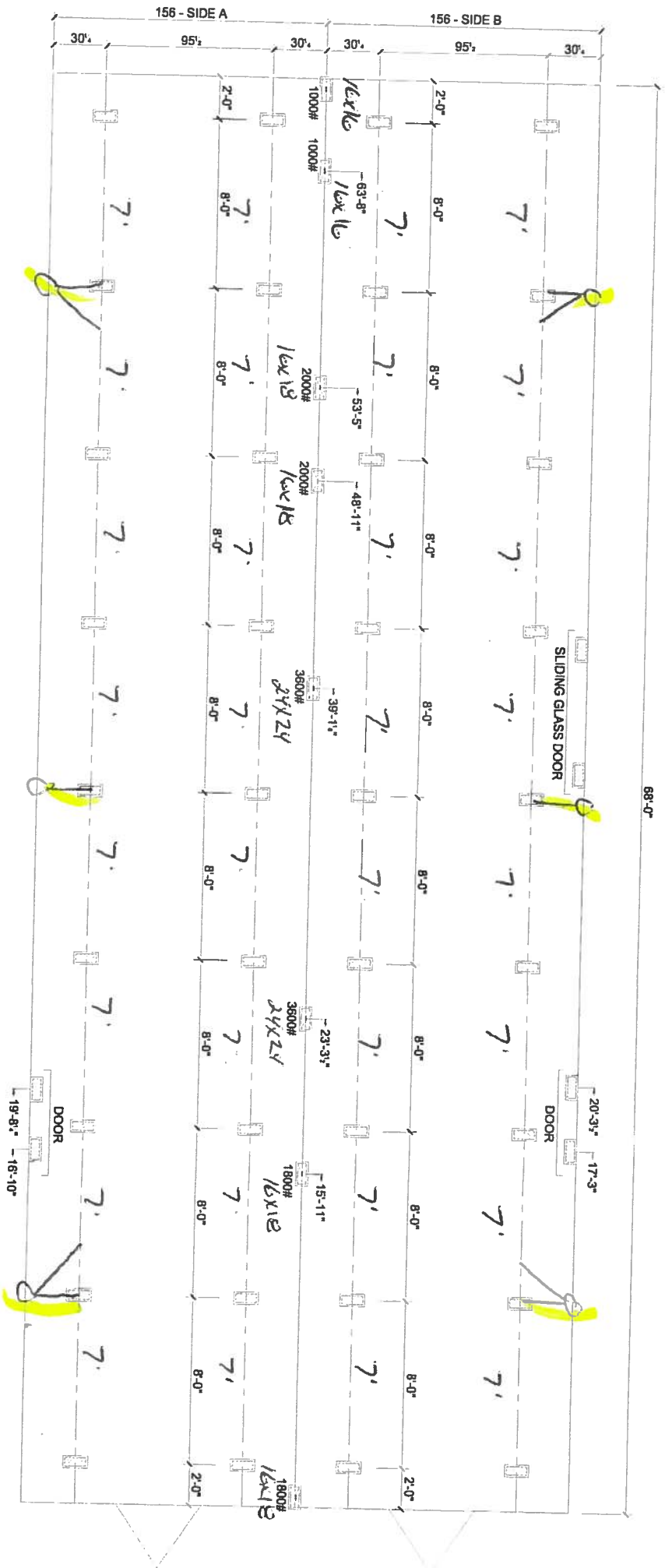
**Miscellaneous**

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

**Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2**

Installer Signature \_\_\_\_\_ Date 8-31-13

W R oaksley



MARRIAGE LINE OPENING SUPPORT PIER/TYP.  
 SUPPORT PIER/TYP

FOUNDATION NOTES:  
 - THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.  
 - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.  
 - FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

6-29-2017

**Live Oak Homes**  
**MODEL: L-2684D - 28 X 68**  
**4-BEDROOM / 2-BATH**

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

L-2684D

**NUMBER OF LOCK DOWN ANCHOR ASSEMBLIES NEEDED:**

Wind Zones 2 & 3 with roof pitch 6/12 or less.

- Single or Double section homes 30' to 52' in length (excluding hitch) 4
- Single or Double section homes greater than 52' to 76' in length (excluding hitch) 6

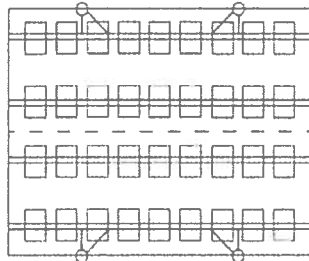
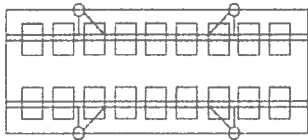
**NOTE:** Roof pitches greater than 6/12 will require additional systems, contact Home Pride, Inc. for assistance.

**NOTE:** Homes less than 30' – Lock Down System should not be used.

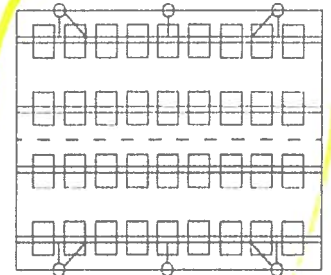
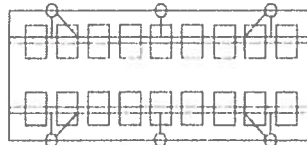
**NOTE:** Home manufacturers may provide a placement chart for specific models in their installation manual. The manufacturer's placement chart supersedes the chart below.

**ANCHOR ASSEMBLY PLACEMENT**

Using 4 Anchor Assemblies

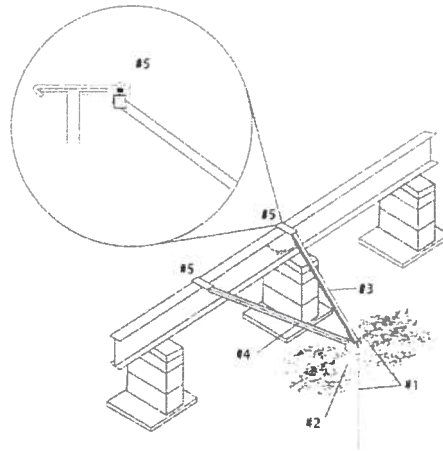


Using 6 Anchor Assemblies



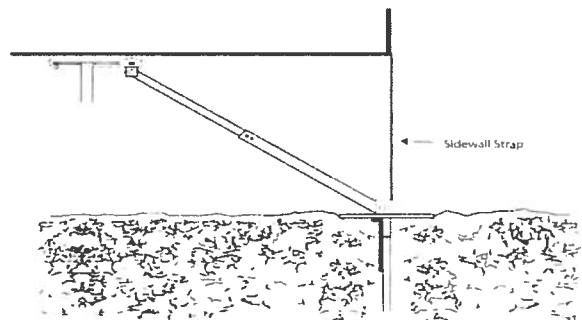
**Lock Down Anchor Assembly Components List**

1. Ground Anchor with Strut Attachment Cap
2. Stabilizer
3. Lateral Strut
4. Longitudinal Strut
5. Beam Clamp Assembly



**Lock Down Anchor Assembly Installation Instructions**

The Ground Anchor with Strut Attachment Cap will take the place of one perimeter anchor and align with a sidewall vertical strap. Install this anchor at a slight angle, not to exceed 15 degrees. This assembly includes a stabilizer plate that is installed with the anchor and attached with a U-bolt and two nuts. The stabilizer plate should be driven into the ground when the anchor is about 2/3 installed. Attach the stabilizer to the anchor shaft using the U-bolt and nuts then complete the install of the anchor until the strut attachment cap is flush to the ground or slightly recessed into the ground, no more than 1/2". The Strut Attachment Cap should be installed within 1/2" or flush to the top of the stabilizer plate. (See illustration to the right.)



**NOTE:** State of Florida allows a 2' pilot holes to be drilled to assist anchor installation in extremely hard soil conditions. If this process is used during installation of the Ground Anchor with Strut Attachment Cap the soil must be placed back in the pilot hole and compacted at 6" intervals. This process should take place when the anchor is 8"-10" from fully installed – allowing room for the soil to be placed back in the pilot hole and properly packed.

**Columbia County Property Appraiser**  
 Jeff Hampton

**2017 Tax Roll Year**  
 updated: 8/1/2018

Parcel: **12-5S-16-03596-000**

**Owner & Property Info**

Result: 1 of 0

Owner	NETTLES JOSEPH L & LULA 7461 S US HIGHWAY 441 LAKE CITY, FL 32025		
Site	212 WESSON CT, LAKE CITY		
Description*	N1/2 OF SE1/4. ORB 365-829		
Area	80 AC	S/T/R	12-5S-16
Use Code**	IMPROVED A (005000)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.  
 \*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

**Property & Assessment Values**

2017 Certified Values		2018 Working Values	
Mkt Land (3)	\$11,630	Mkt Land (3)	\$12,518
Ag Land (1)	\$18,565	Ag Land (1)	\$18,960
Building (2)	\$12,169	Building (2)	\$13,124
XFOB (9)	\$13,000	XFOB (9)	\$13,000
Just	\$276,654	Just	\$302,483
Class	\$55,364	Class	\$57,602
Appraised	\$55,364	Appraised	\$57,602
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$55,364	Assessed	\$57,602
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$55,364 city:\$55,364 other:\$55,364 school:\$55,364	Total Taxable	county:\$57,602 city:\$57,602 other:\$57,602 school:\$57,602

2016 2013 2010 2007 2005 2004 1999 Sales parcel) click hover

**Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
NONE						

**Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Bit	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1970	700	700	\$2,968
Sketch	3	MOBILE HME (000800)	1985	1464	1952	\$10,156

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**



APPLICATION NUMBER 1509-10 CONTRACTOR Rusty Knowles PHONE 386-397-0886

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

**Osburn**

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.***

<b>ELECTRICAL</b>  1503 ✓	Print Name <u>Leo Jackson</u>	Signature 
	License #: <u>ES12001176</u>	Phone #: <u>386-688-3821</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		
<b>MECHANICAL/ A/C</b> 950 ✓	Print Name <u>Michael Boland</u>	Signature 
	License #: <u>CAC 1817716</u>	Phone #: <u>352-274-9326</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		

*Qualifier Forms cannot be submitted for any Specialty License.*

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.

Revised 10/30/2015



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

LICENSED QUALIFIER AUTHORIZATION

I, Michael A Boland (license holder name), licensed qualifier  
 for ACE A/C & OCA, LLC (company name), do certify that  
 the below referenced person(s) listed on this form is/are contracted/hired by me, the license  
 holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an  
 officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said  
 person(s) is/are under my direct supervision and control and is/are authorized to purchase and  
 sign permits, call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>DAVE BIRD</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>[Signature]</u>
3. <u>Kerry Ford</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
 Local Ordinances. I understand that the State and County Licensing Boards have the power and  
 authority to discipline a license holder for violations committed by him/her, his/her agents,  
 officers, or employees and that I have full responsibility for compliance with all statutes, codes  
 and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or  
 officer(s), you must notify this department in writing of the changes and submit a new letter of  
 authorization form, which will supersede all previous lists. Failure to do so may allow  
 unauthorized persons to use your name and/or license number to obtain permits.

Michael A Boland  
 Licensed Qualifiers Signature (Notarized) License Number CA1817716 / ES120920 Date 11/17/15

NOTARY INFORMATION:  
 STATE OF Florida COUNTY OF Marion

The above license holder, whose name is Michael A. Boland  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) \_\_\_\_\_ on this 17th day of November, 2015

Amanda Flood  
 NOTARY'S SIGNATURE

(Seal/Stamp)







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

LICENSED QUALIFIER AUTHORIZATION

I, Leo G Jackson (license holder name), licensed qualifier for Country Electric LLC (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 408, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Table with 2 columns: Printed Name of Person Authorized, Signature of Authorized Person. Rows include Dalis Burd, Rocky Ford, Leo Jackson Jr.

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

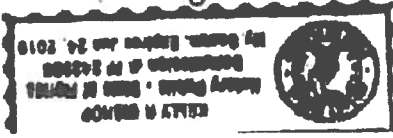
If at any time the person(s) you have authorized is/are no longer agents, employees(A), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Signature of Licensed Qualifier (Notarized), License Number ES12001176, Date 4/20/16

NOTARY INFORMATION: STATE OF: FLORIDA COUNTY OF: Columbia

The above license holder, whose name is Leo G Jackson personally appeared before me and is known by me or has produced identification (type of I.D.) FE DL on this 20 day of April, 2016.

Signature of Notary: Keeney R Bishop, NOTARY'S SIGNATURE (Seal/Stamp)



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

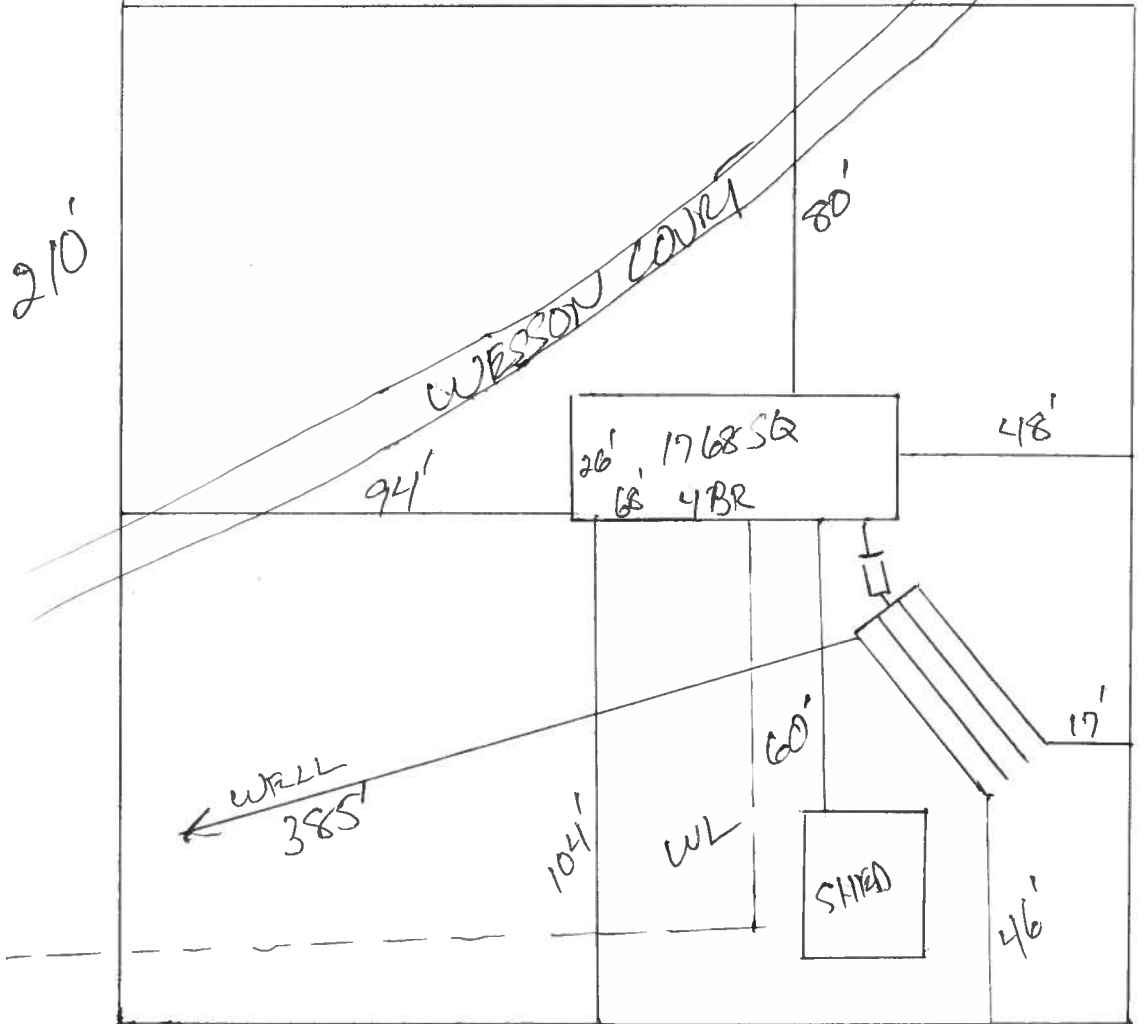
NETTLES  
OSBURN

Permit Application Number \_\_\_\_\_

PART II - SITEPLAN

210'

Scale: 1 inch = 40 feet.



9/6/18

Notes: 1 of 80 Acres SEE ATTACHED

Site Plan submitted by: [Signature]

MASTER CONTRACTOR

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

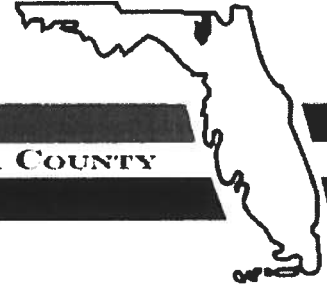
Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



District No. 1 - Ronald Williams  
District No. 2 - Rusty DePratter  
District No. 3 - Bucky Nash  
District No. 4 - Everett Phillips  
District No. 5 - Tim Murphy



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**Address Assignment and Maintenance Document**

To maintain the county wide 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 addressing 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 Services 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

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Date/Time Issued: **9/12/2018 1:38:47 PM**  
Address: **359 SW WESSON Ct**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32024**

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Parcel ID **03596-000**

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REMARKS: Address for proposed structure on parcel.

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

Address Issued By: **Signed:/ Matt Crews**

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Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)

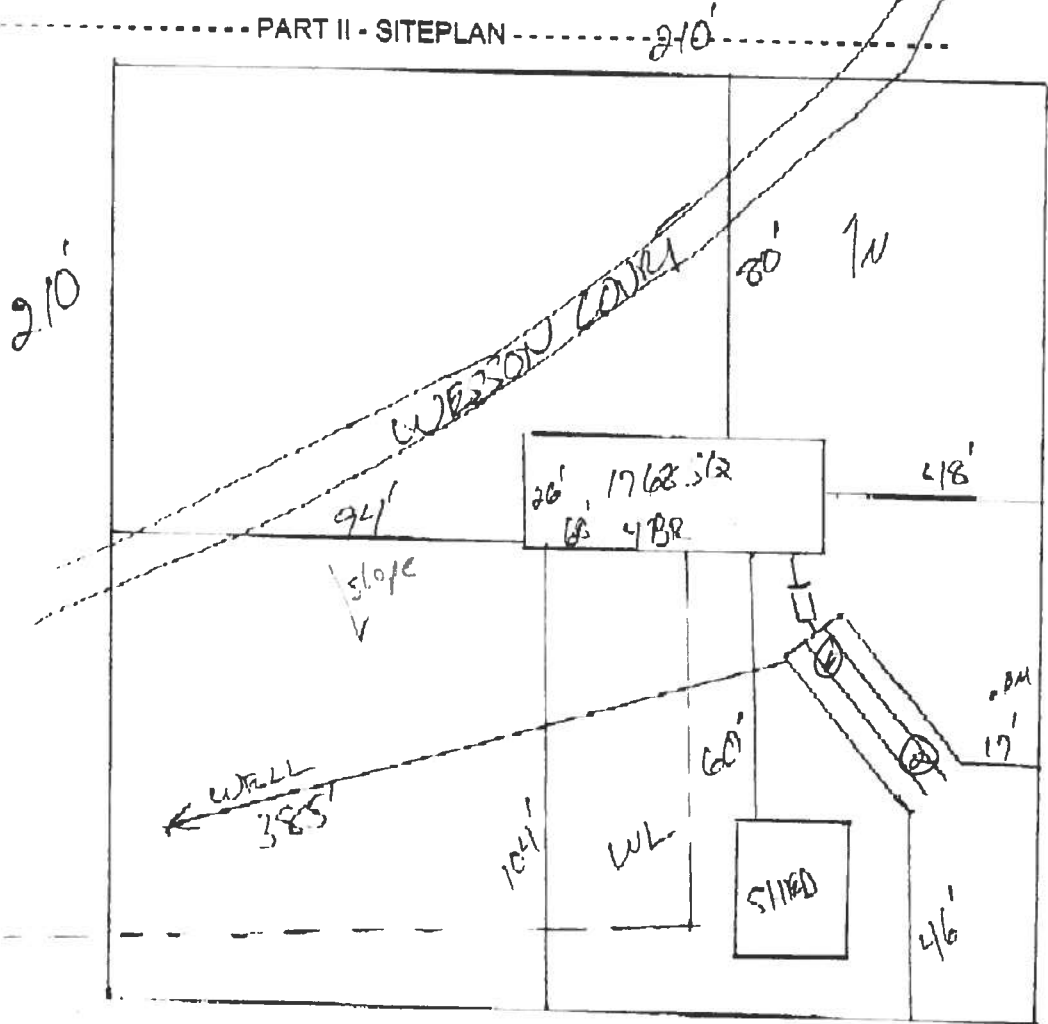
STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

NETTLES  
 OSBURN

Permit Application Number 18-0782

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



9/6/18

Notes: 1 of 80 ACRES SEE ATTACHED

Site Plan submitted by: [Signature]

Plan Approved [Signature]

By [Signature] Not Approved [Signature] Columbia

MASTER CONTRACTOR

Date SEP 11 2018

County Health Department

9/11/18

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



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

PERMIT NO. 18-1781  
 DATE PAID: 9/13/18  
 FEE PAID: 310.00  
 RECEIPT #: 1344233

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary     

APPLICANT: Joseph Nettley

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. 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: NA      PLATTED: \_\_\_\_\_

PROPERTY ID #: 12-5S-16-03596-000      ZONING: \_\_\_\_\_ I/M OR EQUIVALENT. [ Y / N ]

PROPERTY SIZE: 80 ACRES      WATER SUPPLY:  PRIVATE      PUBLIC  <-2000GPD  >2000GPD

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

PROPERTY ADDRESS: Wesson Ct Lake City FL

DIRECTIONS TO PROPERTY: 47 South Left on 240 Right on Wesson to end

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	SF Residential	4	1768	
2				
3				

Floor/Equipment Drains       Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 9/11/2018