

34 FIRE PERMIT
NO CHANGE
Jarvis - Cent of LWB
if left with 7.13.12. Ref: 6/1/12

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)
 AP# 1207-17 Date Received 7-10-12 By LMF Permit # 30320
 Flood Zone X Development Permit N/A Zoning R254/MS-2
 Land Use Plan Map Category Res. Low Density
 Comments

FEMA Map# N/A Elevation N/A Finished Floor 1st Floor River N/A In Floodway N/A
 Site Plan with Setbacks Shown EH # 12-0330 EH Release A Well letter X Existing well
 Recorded Deed or Affidavit from land owner Installer Authorization State Rd Access 911 Sheet
 Parent Parcel # STUP-MH F W Comp. letter App Fee Pd V/F Form
 IMPACT FEES: EMS Fire Court Out County In County
 Road/Code School = TOTAL Suspended March 2009 Ellisville Water Sys

Property ID # 3 4/5 16 02742-000 subdivision
 New Mobile Home Used Mobile Home MH Size 16x60 Year 2010

Applicant David W. Morrell Phone # 386.365.7690
 Address 212 SW Cottage Glen Lk City FI 32021
 Name of Property Owner David W. Morrell & W. L. Morrell Phone # 386.365.7690
 911 Address 911 SWCR 252B Lake City FI 32024
 Circle the correct power company -
 (Circle One) - Suwannee Valley Electric - Clay Electric Progress Energy
 FL Power & Light

Name of Owner of Mobile Home Sam
 Address 212 SW Cottage Glen Lk City FI 32024
 Relationship to Property Owner Next

Current Number of Dwellings on Property 0
 Lot Size 1 1/2 Acres
 Total Acreage 1 1/2 Acres

Do you: Have Existing Drive or Private Drive or need Culvert Permit (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 Replacing Built Home
 Driving Directions to the Property 90 West to 252B go left in m.h. south
 property on left just past SW Cottage Glen

Name of Licensed Dealer/Installer Robert Shepard Phone # 623-2203
 Installers Address 6355 SE CR 245 Lk City FI 32025
 License Number FH 1025386 Installation Decal # 278546

* 7.11.12. Grant called & will Rescind this report 1200-A (52)
 in space/w/ date 7.11.12

POCKET PENETROMETER TEST

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

X 1600 X 1700 X 1700

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1600 X 1700 X 1700

TORQUE PROBE TEST

The results of the torque probe test is 295 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. RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard
Date Tested 7-3-12

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. 29

Plumbing

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

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

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

| | | | |
|--------|----------------|---------|----------|
| Floor: | Type Fastener: | Length: | Spacing: |
| Walls: | Type Fastener: | Length: | Spacing: |
| Roof: | Type Fastener: | Length: | Spacing: |

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

Type gasket Installed: Between Floors Yes
Pg. 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

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

Installer Signature Robert Sheppard Date 7-10-12

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 LETTER OF AUTHORIZATION

I, Robert D. Sheppard, Installer License Holder Name, give this authority for the job address show below only, 911 SW cc 252-B Lake City fl, Job Address, and I do certify that the below 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 | Authorized Person is... |
|-----------------------------------|--------------------------------|--|
| <u>David W. Mon-11</u> | <u>[Signature]</u> | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Property Owner <input type="checkbox"/> Officer |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Property Owner <input type="checkbox"/> Officer |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Property Owner <input type="checkbox"/> Officer |

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.

License Holders Signature (Notarized) [Signature]
 License Number I#1025386
 Date 7-6-12

NOTARY INFORMATION:
 STATE OF: Florida
 COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard personally appeared before me and is known by me or has produced identification (type of I.D.) penancey book on this 6 day of July, 2012.

NOTARY'S SIGNATURE [Signature]



(Seal/Stamp)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1207-17 CONTRACTOR Robert Shepard PHONE 623-2203

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| | | | | |
|------------------|-------------------------------|-------------------------------|------------------------|-----------------------|
| ELECTRICAL | Print Name: Steve Thomas | Signature: <i>[Signature]</i> | License #: EC0001121 | Phone #: _____ |
| MECHANICAL/A/C | Print Name: Jarvis Heat & A/C | Signature: <i>[Signature]</i> | License #: CAC 1816766 | Phone #: 386-496-4603 |
| PLUMBING/GAS 678 | Print Name: Robert Shepard | Signature: <i>[Signature]</i> | License #: FH 1025386 | Phone #: 386-623-2203 |

| | | | |
|-------------------|----------------|------------------------------|---------------------------|
| 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.

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

1207-12

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee County

OWNERS NAME Craig Sellers PHONE 386 CELL 352-804-7217

INSTALLER Robert Shepard PHONE 386 623 2203 CELL

INSTALLERS ADDRESS 6355 SECR 245 Lake City, FL 32024

MOBILE HOME INFORMATION

MAKE Liv Oak Homes YEAR 2010 SIZE 16 X 60

COLOR Light Green/white SERIAL NO. LDHGH 10911556

WIND ZONE # SMOKE DETECTOR good

INTERIOR: good

FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR: good

WALLS / SIDING good

WINDOWS good

DOORS good

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature Robert Shepard License No. TH1025386 Date 7-16-12

NOTES:

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

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

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

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

Code Enforcement Approval Signature

[Signature]

Date

7-10-12

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: 7/8/2012 DATE ISSUED: 7/10/2012

ENHANCED 9-1-1 ADDRESS:

911 SW COUNTY ROAD 252B
LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

03-4S-16-02742-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED/ : RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

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

Columbia County Property Appraiser

CAMA updated: 6/7/2012

Parcel: 03-4S-16-02742-000

<< Next Lower Parcel Next Higher Parcel >>

Owner & Property Info

| | |
|-------------------------|--|
| Owner's Name | MORRELL DAVID WAYNE & VICKI L |
| Mailing Address | C/O H W MORRELL 212 SW COTTAGE GLEN LAKE CITY, FL 32024 |
| Site Address | 911 SW COUNTY ROAD 252B |
| Use Desc. (code) | VACANT (000000) |
| Tax District | 2 (County) |
| Neighborhood | 3416 |
| Market Area | 06 |
| Description | NOTE: This description is not to be used as the legal description for this parcel in any legal transaction. COMM NW COR OF NE1/4 OF SE1/4, RUN S 450 FT FOR POB, RUN E 420 FT, S 210 FT, W 420 FT, N 210 FT TO POB, EX RD RW & EX 0.50 AC DESC ORB 917-2415 & 917-2422, PROB #00-203-CP ORB 916-200 THRU 213, 916-2301, 916-2415, 2419. |



Search Result: 1 of 1

Tax Collector Tax Estimator Property Card

Parcel List Generator

Interactive GIS Map Print

2011 Tax Year

Property & Assessment Values

| | |
|-----------------------|--|
| 2011 Certified Values | |
| Mkt Land Value | cnt: (0) \$18,172.00 |
| Ag Land Value | cnt: (2) \$0.00 |
| Building Value | cnt: (0) \$0.00 |
| XFOB Value | cnt: (0) \$0.00 |
| Total Appraised Value | \$18,172.00 |
| Just Value | \$18,172.00 |
| Class Value | \$0.00 |
| Assessed Value | \$18,172.00 |
| Exempt Value | \$0.00 |
| Total Taxable Value | Cnty: \$18,172 Other: \$18,172 Sch1: \$18,172 |

2012 Working Values

NOTE: 2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

| | | | | | | |
|------------------|---------------------|----------------|--------------------------|-----------------------|-------------------|-------------------|
| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price |
| 12/22/2000 | 916/2419 | WD | I | U | 01 | \$39,400.00 |
| 2/21/2000 | 916/2415 | WD | I | U | 01 | \$5,700.00 |

Building Characteristics

| | | | | | | |
|------------------|------------------|-----------------|-------------------|--------------------|--------------------|-------------------|
| Bldg Item | Bldg Desc | Year Bld | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
| NONE | | | | | | |

Extra Features & Out Buildings

| | | | | | | |
|-------------|-------------|-----------------|--------------|--------------|-------------|---------------------------|
| Code | Desc | Year Bld | Value | Units | Dims | Condition (% Good) |
| NONE | | | | | | |

Land Breakdown

| | | | | | |
|-----------------|---------------|--------------|---------------------|-----------------|------------------|
| Lnd Code | Desc | Units | Adjustments | Eff Rate | Lnd Value |
| 000000 | VAC RES (MKT) | 1.39 AC | 1.00/1.00/1.00/1.00 | \$10,471.36 | \$14,555.00 |

- District No. 1 - Ronald Williams
- District No. 2 - Rusty DePratter
- District No. 3 - Jody Dupree
- District No. 4 - Stephen E. Bailey
- District No. 5 - Scarlet P. Frisina

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



6 July 2012

David Morrell
 212 Southwest Cottage Glen
 Lake City, FL 32024

RE: Zoning Application Request Z 0530 for Parcel ID# 03-4S-16-02742-000

Dear Mr. Morrell:

Upon final review of the above referenced request for a zoning amendment, it has been determined that this parcel is currently zoned Residential Single Family/Mobile Home-2 (RSF/MH-2). Detailed scaling of the Zoning Atlas and Property Appraiser map indicates that the north property line of the above referenced parcel is where the RSF/MH-2 zoning district begins. In addition, this means that the southern portion of the property that you own to the east is also located in that RSF/MH-2 zoning district. Please find enclosed your check #1050 that was submitted for the zoning application request. You may proceed with submitting for a mobile home move-on permit at this time. I have also enclosed a copy of the Zoning Atlas and a map from the Property Appraiser's website showing the RSF/MH-2 zoning district. I do apologize for any inconvenience this may have caused you.

If you have any questions concerning this matter, please do not hesitate to contact me at 386.754.7119.

Sincerely,

Brian L. Kepner
 Land Development Regulation Administrator,
 County Planner

Enclosure

This information was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein. Its use, or its interpretation, although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

| | |
|---|--|
| <p>Parcel: 03-4S-16-02742-000 - VACANT (000000) COMM NW COR OF NE 1/4 OF SE 1/4, RUN S 450 FT FOR POB, RUN E 420 FT, S 210 FT, W 420 FT, N 210 FT TO POB, EX RD RW & EX 0.50 AC DESC ORB 917-2415 & 917 Name: MORRELL DAVID WAYNE & VICKI L Site: 911 SW COUNTY ROAD 252B C/O H W MORRELL Mail: 212 SW COTTAGE GLEN LAKE CITY, FL 32024 Sales 12/22/2000 Info 2/21/2000</p> | <p>2011 Certified Values Land \$18,172.00 Bldg \$0.00 Assd \$18,172.00 Exmpt \$0.00 Taxbl \$5,700.00 I/U Cnty: \$18,172 Other: \$18,172 Sch: \$18,172</p> |
|---|--|

PARCEL: 03-4S-16-02742-000 - VACANT (000000)
 COMM NW COR OF NE 1/4 OF SE 1/4, RUN S 450 FT FOR POB, RUN E 420 FT, S 210 FT, W 420 FT, N 210 FT TO POB, EX RD RW & EX 0.50 AC DESC ORB 917-2415 & 917
 Name: MORRELL DAVID WAYNE & VICKI L
 Site: 911 SW COUNTY ROAD 252B
 C/O H W MORRELL
 Mail: 212 SW COTTAGE GLEN
 LAKE CITY, FL 32024
 Sales 12/22/2000
 Info 2/21/2000

NOTES:



ALARM# 1405
 FIRE DEPARTMENT REPORT
 ALPHONSO WILSON, FIRE CHIEF

DATE: 6-23-05
 ALARM TIME: 1359
 10-51: 1359
 10-8: 1617
 HOURS: a
 MINS: 18
 CITY: X
 RURAL: X
 DIST#: a
 VOL# 433,434
 VOL# 433,434

ESCAPE OR LAW ENFORCEMENT AGENCY: CCEMS, CCSO, Red Cross
 #PERS 5
 #ALARMS 2
 EQUIPMENT USED: P.P.E., S.C.B.A.'s, 300' 1 1/4 hose, Attic Ladder, Pike pole, 50' 2 1/2 hose

LOCATION OF INCIDENT: C.R. 252B
 OCCUPANT / PATIENT NAME: Isaac Henderson
 PH#: 3867697-4779
 OCCUPANT / PATIENT ADDRESS: 911 SW C.R. 252-B LAKE CITY, FL. 32055
 RESPIRATIONS:
 PULSE:
 B/P:
 OWNERS NAME: David Maxwell
 PH#: (386) 750-3910
 OWNERS ADDRESS: 212 SW Cottage Gin. LAKE CITY FL. 32055

TYPE OF SITUATION FOUND: 4
 AREA OF ORIGIN: 1 (Water Heater)
 CAUTION FACTOR: ordinary combustibles (clothing) to close to gas water heater
 METHOD OF EXTINGUISHMENT: water
 ESTIMATED VALUE: \$50,000.00
 ESTIMATED LOSS: \$30,000.00
 POLICY:
 CHBLE PROPERTY

YEAR: N/A
 MAKE: N/A
 TAG# N/A
 CIVILIANS
 INJURIES: 0
 DEATHS: 0

MARKS:
 FIREFIGHTERS
 INJURIES: 0
 DEATHS: 0

Station 2 responded to structure fire on C.R. 252B. Upon arrival we had heavy smoke and flame on one end of house. We extinguished fire with 2 pre-connect hose lines. We checked the house including the area for extension and hot spots. Our investigation points toward a stack of clothing and plastic clothes basket against the gas water heater. Due to the build up of heat on clothing and the process of pyrolysis the clothing ignited starting laundry room and fire spreading the other parts of house.
 OFFICER IN CHARGE: Captain Timothy J. Wertheim
 LCPD DISPATCH ALARM # 1971

1 of 2

#1207-12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED

1/25 BY LH

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME

David W. Morrell

PHONE 586.365.7690 CELL

ADDRESS

911 SW C7 RD 252 B

MOBILE HOME PARK

SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME

90 WEST TO 2528 go south 1/10 mile, go past
Cottages, follow next driveway left

MOBILE HOME INSTALLER

Robert Skirpd

PHONE 386-623-2203 CELL

MOBILE HOME INFORMATION

MAKE Live Oak Homes YEAR 10 SIZE 16 x 60 COLOR Light Green

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 () WEAR () 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

EXTERIOR:

WALLS / SIDING () 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

SIGNATURE

Landy Jones

ID NUMBER

DATE

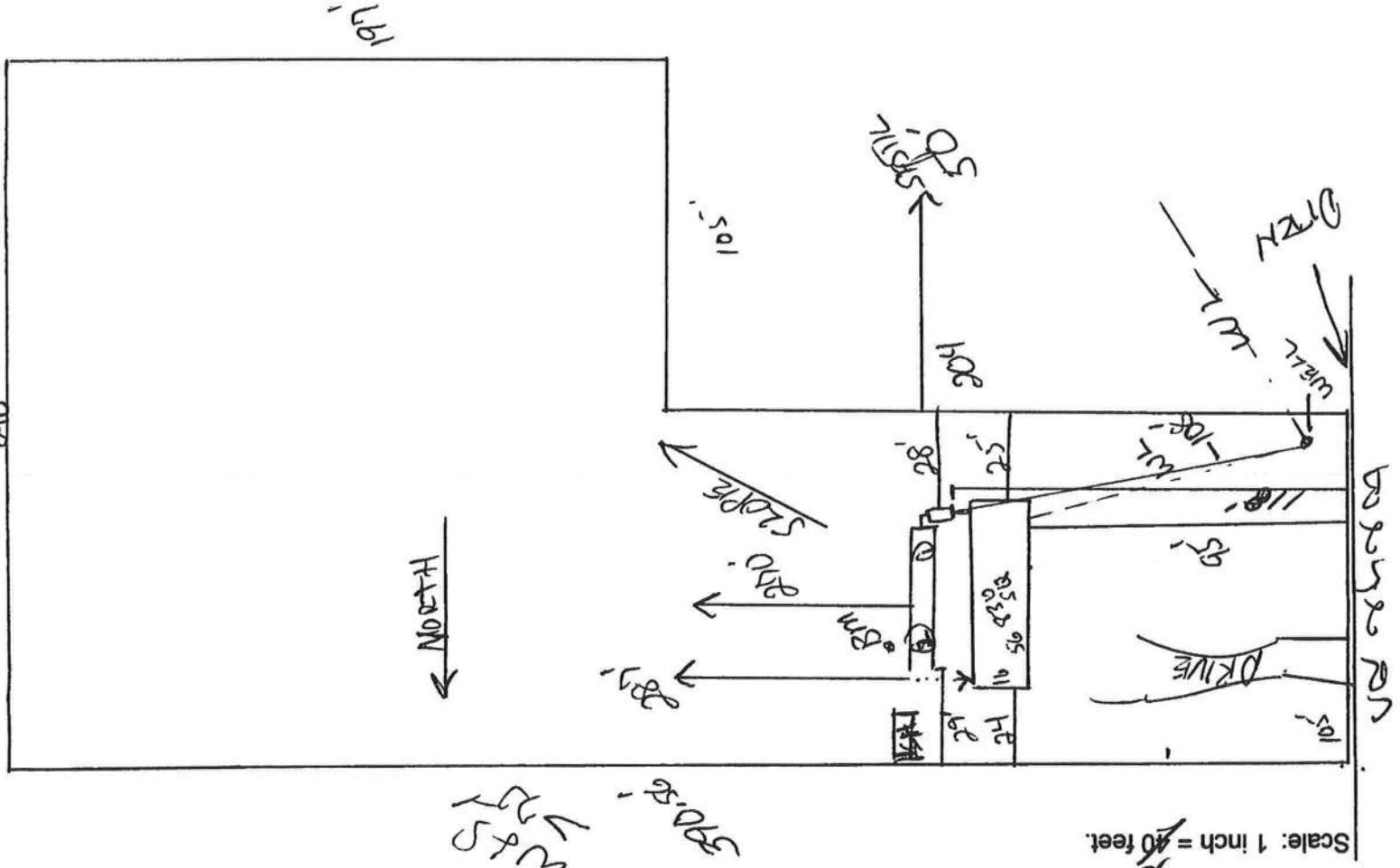
7-25-12

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 18-033D

PART II - SITEPLAN



Notes:

Site Plan submitted by: [Signature]
 Plan Approved Not Approved
 By [Signature] Columbia County Health Department
 Date 3/13/12
 MASTER CONTRACTOR

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsolesces previous editions which may not be used) Incorporated: 64E-6.001, FAC
 (Stock Number: 5744-002-4015-6)

SF