

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

34

For Office Use Only (Revised 1-11) Zoning Official BK 06.09.12 Building Official T.C. 8-6-12

AP# 1207-49 Date Received 7-26-12 By 10 Permit # 30351

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category RES. 12-Dev.

Comments _____

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

☐ Site Plan with Setbacks Shown ☒ EH # 120350 ☒ EH Release ☒ Well letter ☐ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☐ State Road Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☒ VF Form ELECTRICIAN

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☒ In County

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 15-45-17-08355-406 Subdivision Eagles Ridge Phase 1 Lot 6

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32x52 Year 2012
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Road Ft White FL
- Name of Property Owner Donald + Faith Doyle Phone # 407-415-6072 ³²⁰³⁸
- 911 Address 316 SE Cheddar Ct Lake City 32085
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Donald + Faith Doyle Phone # 407-415-6072
- Address 1007 SE Putnam St. Lake City FL
- Relationship to Property Owner same ³²⁰⁵³
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 1.29
- 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
- Driving Directions to the Property 90 E, TR on CR 245, TR on Sharon Lane, TL on Bonnie, TR on Bennie, TL on Cheddar 7th lot on (R)
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386 623 0046
- Installers Address 5557 NW Falling Creek Rd White Springs FL 32096
- License Number IH 1025155 Installation Decal # 11404

spoke To Wendy 8-6-12

421.34

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer

License #

Bernie Thrift TH1025155

911 Address where

home is being installed.

316 SE Cheddar Ct
Lake City FL 32025

Manufacturer

Length x width

Palm Harbor 52 X 32

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

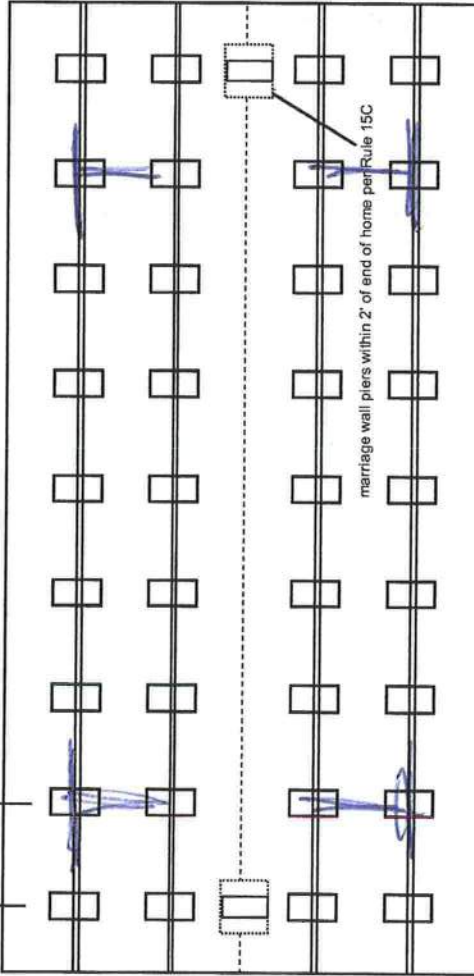
BT

Typical pier spacing

7'

Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)

lateral
longitudinal



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 #

11404

Triple/Quad

☐

Serial #

11404

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

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

PIER PAD SIZES

I-beam pier pad size

17 X 25

Perimeter pier pad size

16 X 16

Other pier pad sizes (required by the mfg.)

17 X 22

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

5 ft

4 ft

20 X 20 stacked

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Model 11016V
Oliver Systems

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

22

4

7

2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2500 X 2500

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 2500 X 2000 X 2500

TORQUE PROBE TEST

The results of the torque probe test is 290 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bernie Thrift

Date Tested

7-18-12

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. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 7

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 7

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8x7" Length: 24" Spacing: 24"
Walls: Type Fastener: #8 Screws Length: 18" Spacing: 18"
Roof: Type Fastener: Flashing Length: 52" Spacing: 52"
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.

BT Installer's initials

Type gasket

Factory Installed

Installed:

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 ✓
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

Bernie Thrift

Date

7-18-12

T-865 P0001/0001 F-726

[illegible]

~~#~~ model 1101 LV Oliver Systems

[illegible]

Warranty Deed

This Indenture, made July 20, 2012 A.D.

Between SUBRANDY LIMITED PARTNERSHIP, a Florida Limited Partnership whose post office address is: Post Office Box 513, Lake City, Florida 32056 a Limited Partnership existing under the laws of the State of Florida, Grantor

and DONALD E. DOYLE and FAITH DOYLE, husband and wife whose post office address is: 1007 SE Putnam Street, Lake City, Florida 32055, Grantee,

Inst: 201212010970 Date: 7/23/2012 Time: 10:19 AM
Doc Stamp-Deed: 119.00
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1238 P:1903

Witnesseth, that the said Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00), to it in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee forever, the following described land, situate, lying and being in the County of Columbia, State of Florida, to wit:

LOT 6, EAGLES RIDGE PHASE 1, a subdivision according to the Plat thereof as recorded in Plat Book 7 pages 170 - 171 of the Public Records of **COLUMBIA COUNTY, FLORIDA**.

Subject to taxes for the current year, covenants, restrictions and easements of record, if any.

Parcel Identification Number: 08355-406

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

In Witness Whereof, the said Grantor has caused this instrument to be executed in its name by its duly authorized officer and caused its corporate seal to be affixed the day and year first above written.

SUBRANDY LIMITED PARTNERSHIP, a Florida Limited Partnership

Signed and Sealed in Our Presence:

By: Bradley N. Dicks
Bradley N. Dicks
Its: Managing Member

Elaine R. Davis
Witness Print Name: Elaine R. Davis

Johnny M. Hamm
Witness Print Name: Johnny M. Hamm
State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 20th day of July, 2012, by Bradley N. Dicks, the Managing Member of SUBRANDY LIMITED PARTNERSHIP, a Florida Limited Partnership existing under the laws of the State of Florida, on behalf of the corporation. He/She is personally known to me or has produced known as identification.

Elaine R. Davis (Seal)
Notary Public
Notary Printed Name:



Prepared by:
Elaine R. Davis, an employee of
American Title Services of Lake City, Inc.,
321 SW Main Boulevard, Suite 105
Lake City, Florida 32025

File Number: 12-226

07/25/2012 08:21 3867559100
Jul 24 12 10:23p Wendy Grennell

DAVID HALL
3867551031

PAGE 01/01
p. 2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1207-49 CONTRACTOR Bernice Thrift PHONE 386 623 0046

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 689	Print Name <u>Wayne Placena</u> License #: <u>EC0002157</u>	Signature <u>Wayne Placena</u> Phone #: <u>386-937-3002</u>
☒ MECHANICAL/ A/C 560	Print Name <u>David Halls A/C & Heating</u> License #: <u>CAC057424</u>	Signature <u>D Hall</u> Phone #: <u>386-755-9792</u>
☒ PLUMBING/ GAS 672	Print Name <u>Bernice Thrift</u> License #: <u>TH1025155</u>	Signature <u>Bernice Thrift</u> Phone #: <u>386 623 0046</u>

SECURITY INTEREST	Application Number	Sub Contractor Printed Name	Sub Contractor Signature
MASON			
CONCRETE FINISHER			

F. S. 440.303 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.

Contractor Name: Subcontractor Name: 3/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1207-49

CONTRACTOR

Bernie Threlkeld

PHONE

386 603 0046

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 _____ License #: _____	Signature _____ Phone #: _____
✓ MECHANICAL/ A/C 568	Print Name <u>David Hall A/C & Heating</u> License #: <u>CAC057424</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-9793</u>
PLUMBING/ GAS	Print Name <u>Bernie Threlkeld</u> License #: <u>101025155</u>	Signature <u>[Signature]</u> Phone #: <u>386 603 0046</u>

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1207-49 CONTRACTOR Bernie Thrift PHONE 386 623 0046

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ PLUMBING/ GAS <u>672</u>	Print Name <u>Bernie Thrift</u> License #: <u>IH1025155</u>	Signature <u>Bernie Thrift</u> Phone #: <u>386 623 0046</u>

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.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thrift, give this authority and I do certify that the below
Installer's 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
Wendy Grennell	<i>Wendy Grennell</i>	N/A

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.

Bernard Thrift TH1025157/1 7-19-12
 License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernie Thrift
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) known on this 19th day of July, 2012.

Kent Gardner
 NOTARY'S SIGNATURE



>> Print as PDF <<

LOT 6 EAGLES RIDGE S/D PHASE 1. AG 1076-2540 & QCD 1214-1708 & QCD 1214-1710				SUBRANDY LIMITED PARTNERSHIP P O BOX 513 LAKE CITY, FL 32056				15-4S-17-08355-406				Columbia County 2012 R CARD 001 of 001 BY JEFF					
				PRINTED 6/05/2012 14:45 APPR 5/09/2005 TWDF													
BUSE		AE?		HTD AREA	.000 INDEX	15417.06 EAGLES	RIDGE	PUSE	000000 VACANT								
MOD	BATH			EFF AREA	29.614 E-RATE	.000 INDX	STR 15- 4S-17E										
EXW	FIXT			RCN		AYB	MKT AREA 06			0 BLDG							
%	BDRM			%GOOD		EYB	(PUD1			0 XFOB							
RSTR	RMS				BLDG VAL		AC	1.290		14,400 LAND							
RCVR	UNTS			FIELD CK:						0 CLAS							
%	C-W%			LOC: 316 CHEDDAR CT SE LAKE CITY						0 MKTUSE							
INTW	HGHT						NTCD			14,400 JUST							
%	PMTR						APPR CD			14,400 APPR							
FLOR	STYS						CNDO										
%	ECON						SUBD										
HTTP	FUNC						BLK										
A/C	SPCD						LOT			0 SOHD							
QUAL	DEPR						MAP#			0 ASSD							
FNDN	UD-1									0 EXPT							
SIZE	UD-2									0 COTXBL							
CEIL	UD-3						TXDT	002									
ARCH	UD-4						----- BLDG TRAVERSE -----										
FRME	UD-5																
KTCH	UD-6																
WINDO	UD-7																
CLAS	UD-8																
OCC	UD-9																
COND	%						----- PERMITS -----										
SUB	A-AREA % E-AREA			SUB VALUE			NUMBER	DESC	AMT	ISSUED							
----- SALE -----																	
BOOK PAGE DATE PRICE																	
1214 1710 5/05/2011 U V 100																	
GRANTOR ANTHONY & BEVERLY MAHON																	
GRANTEE SUBRANDY LIMITED PARTNERSHIP																	
1214 1708 4/30/2011 U V 100																	
GRANTOR LENVIL DICKS AS TRUSTEE																	
GRANTEE SUBRANDY LIMITED PARTNERSHIP																	
TOTAL																	
-----EXTRA FEATURES----- FIELD CK:																	
AE BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB	VALUE

LAND	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD CK:				UNITS	UT	PRICE	ADJ UT PR	LAND VALUE	
AE	CODE	TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS									
Y	000000	VAC	RES	RSF-1	0007			1.00	1.00	1.00	1.00	1.000	LT	14400.000	14400.00	14,400	
0002 0003																	

Doyle App # 1207-49

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: 7/25/2012 DATE ISSUED: 6/21/2012

ENHANCED 9-1-1 ADDRESS:

316 SW CHEDDAR CT
LAKE CITY FL 32025
PROPERTY APPRAISER PARCEL NUMBER:
15-4S-17-08355-406

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

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

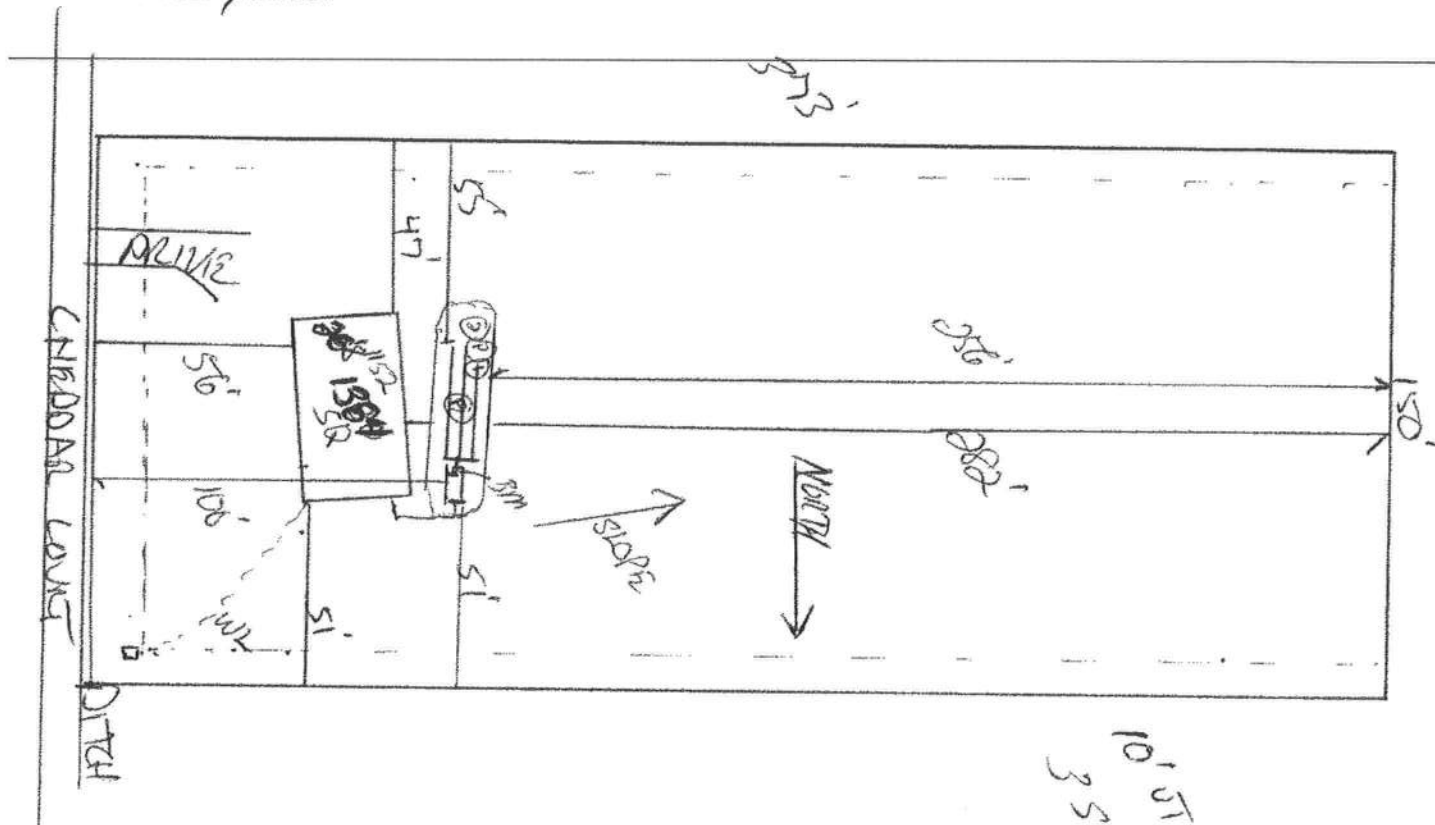
**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

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

Permit Application Number 12-0351

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ feet.



Notes:

Site Plan submitted by:

Plan Approved

By Sallee A. Ford Env Health Director Columbia County Health Department

MASTER CONTRACTOR

Date 7.30.12

County Health Department

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. 12-0350
DATE PAID: 7/26/12
FEE PAID: 310.01
RECEIPT #: 1959762
AP 102877

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Donald DoyleAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 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: 6 BLOCK: na SUB: Eagles Ridge Ph 1 PLATTED: _____PROPERTY ID #: 15-4S-17-08355-406 ZONING: Res. I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1.29 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ ≥ 2000 GPD ☒ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 316 SE Cheddar Court, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: 90 East, TR on SR 100, TR on CR 245 (Price Creek Rd), TR on Sharon, TL on Bonnie, TR on Bennie, TL on Cheddar, 6th lot on right

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	3	1384	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____SIGNATURE: Rocky D Ford DATE: 7/25/2012

CLERK OF THE
CLERK OF THE

M/H O C C U P A N C Y

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 15-4S-17-08355-406

Building permit No. 000030351

Permit Holder BERNIE THRIFT

Owner of Building DONALD & FAITH DOYLE

Location: 316 SE CHEDDAR COURT, LAKE CITY, FL 32025

Date: 08/30/2012

Gay Ann

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

