

DATE 06/11/2004

# Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021967

APPLICANT ERIC MATTHEWS PHONE 352.258.5954  
 ADDRESS 411 SW SALLIEWOOD COURT FT. WHITE, FL 32038 FL \_\_\_\_\_  
 OWNER ERIC MATTHEWS PHONE 352.258.5954  
 ADDRESS 411 SW SALLIEWOOD COURT FT. WHITE FL 32038  
 CONTRACTOR TRACY A. TOWNSEND PHONE 352.472.6767  
 LOCATION OF PROPERTY 47-S TO US 27, L GO TO FRY ROAD., R, GO TO CUMBERLAND STREET  
R, TO SALLIEWOOD CRT., LAST LOT ON RIGHT

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT .00 STORIES \_\_\_\_\_  
 FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
 LAND USE & ZONING A-3 MAX. HEIGHT \_\_\_\_\_  
 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
 NO. EX.D.U. \_\_\_\_\_ FLOOD ZONE X DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 15-7S-16-04226-151 SUBDIVISION SHILOH RIDGE UNREC.  
 LOT 51 BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES 10.03

IH0000711  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_  
PRIVATE 04-0606-E BLK RK N  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_  
 Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: 1 FOOT ABOVE ROAD

Check # or Cash 640

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ .00 CERTIFICATION FEE \$ .00 SURCHARGE FEE \$ .00  
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 22.68 WASTE FEE \$ 49.00  
 FLOOD ZONE DEVELOPMENT FEE \$ \_\_\_\_\_ CULVERT FEE \$ \_\_\_\_\_ **TOTAL FEE** 321.68

INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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.

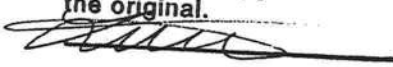
**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."**

### This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

RETURN TO  
U. S. Title  
642 N.E. Santa Fe Blvd.  
High Springs, FL 32643  
USH-2666

Certified to be a true  
and correct copy of  
the original.  


PARCEL ID# 15-7S-16-04226-151  
BUYER'S TIN#

### WARRANTY DEED

THIS INDENTURE, Made this 1st day of May, 2004, BETWEEN THE SHILOH RIDGE COMPANY, a Florida Corporation grantor whose address is 5345 ORTEGA BLVD., SUITE 7, JACKSONVILLE, FL 32210, and ERIC C. MATHEWS and PATRICIA MATHEWS, HUSBAND AND WIFE grantee, whose post-office address is: P.O. BOX 257, HIGH SPRINGS, FL 32655.

[The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.]

WITNESSETH: That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in COLUMBIA County, Florida, to wit:

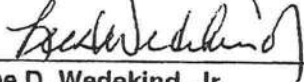
SEE ATTACHED EXHIBIT "A"

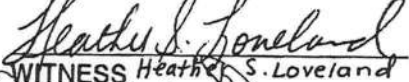
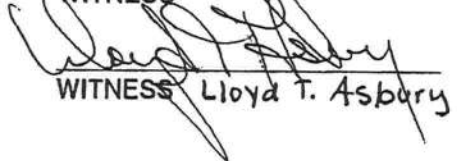
and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has hereunto set grantor's hand and seal the day and year first above written.

THE SHILOH RIDGE COMPANY

Signed, sealed and delivered  
in the presence of:

BY   
Lee D. Wedekind, Jr.  
President

  
WITNESS Heather S. Loveland  
  
WITNESS Lloyd T. Asbury

STATE OF FLORIDA  
COUNTY OF

[CORPORATE SEAL]

The foregoing instrument was acknowledged before me this 1st day of May, 2004, by Lee D. Wedekind, Jr., President of THE SHILOH RIDGE COMPANY on behalf of the corporation. She/He is personally known to me or who has produced a driver's license as identification and who did take an oath.

  
Notary Public, State of Florida  
My Commission Expires:  
My Commission Number:  Heather S Loveland  
My Commission DD007953  
Expires March 11 2005

RECORD & RETURN TO:

THIS INSTRUMENT WAS PREPARED BY: JANNETTE S. BOYD, an employee of U.S. TITLE, 642 N.E. SANTA FE BLVD., HIGH SPRINGS, FLORIDA 32643, as a necessary incident to fulfill the requirements of a Title Insurance Binder issued by it. USH-2666.

Left message 6/11/04

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

For Office Use Only      Zoning Official BLK 04.06.04      Building Official 6-9-04(RK)

AP# 0405-84      Date Received 5/27/04      By G      Permit # 21967

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

Comments \_\_\_\_\_

Site Plan with Setbacks shown       Environmental Health Signed Site Plan       Env. Health Release  
 Need a Culvert Permit       Need a Waiver Permit       Well letter provided       Existing Well  
Need

- Property ID 15-75-16-04226-151      Must have a copy of the property deed
- New Mobile Home \_\_\_\_\_      Used Mobile Home       Year 1999
- Subdivision Information Shiloh Ridge Subdivision Lot 51
- Applicant ~~Tracy Townsend~~ Eric Mathews      Phone # 352-538-0257      352-258-5954
- Address 411 S.W. SALLIWOOD CRT FT WHITE FL. 32038
- Name of Property Owner ERIC MATHEWS      Phone# 352-258-5954
- 911 Address 911 S.W. SALLIWOOD CRT FT White FL. 32038
- Name of Owner of Mobile Home ERIC MATHEWS      Phone # 352-258-5954
- Address 411 S.W. SALLIWOOD CRT FT WHITE FL. 32038
- Relationship to Property Owner FRIEND
- Current Number of Dwellings on Property 1
- Lot Size 43,560 sq ft. 661 X 662      Total Acreage 10.03
- Explain the current driveway Private
- Driving Directions STATE ROAD 49 to FT WHITE, TL ON STATE RD 27, TR ON FRY RD, TR ON CUMBERLAND STREET, TR ON SW SALLIWOOD COURT, LAST LOT ON RIGHT.
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Tracy A. Townsend      Phone # 352-472-6767
- Installers Address 9709 SE 70th Ave Trenton, FL 32693
- License Number IH 0000711      Installation Decal # 213801

**PERMIT NUMBER**

Installer Tracey A. Townsend License # TH-0000711

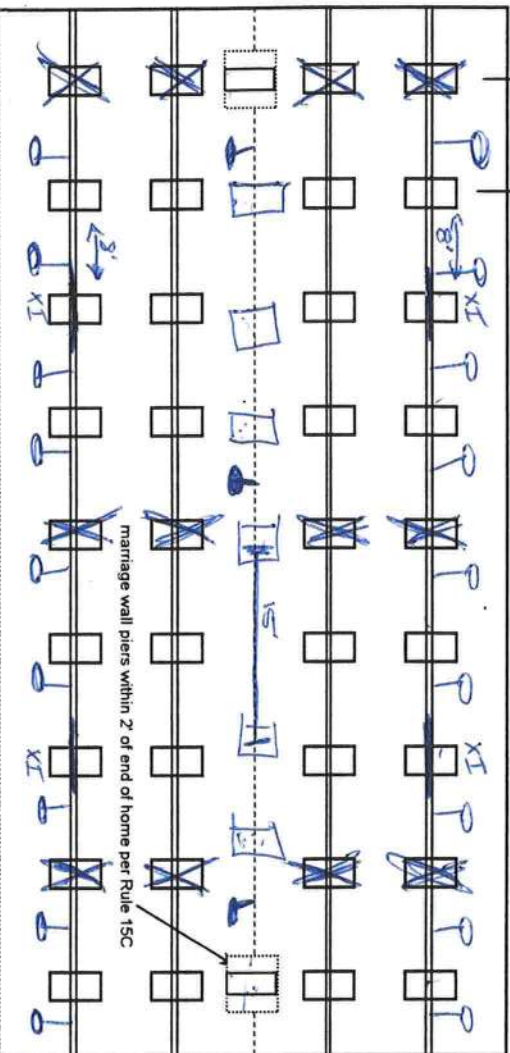
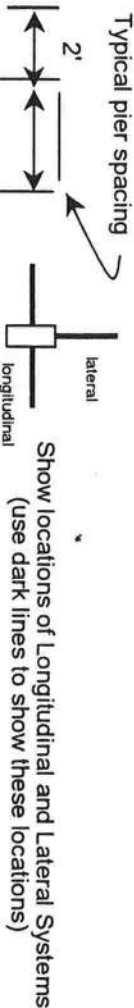
Address of home being installed 411 S.W. Ballwood Ct F. White, FL 32038

Manufacturer General Length x width 48x24

**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 AT



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 # 213801

Triple/Quad  Serial # GMHG41109923867 A&B

**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 26x26

Perimeter pier pad size Ø

Other pier pad sizes (required by the mfg.) 10x16 Decks  
10x16 Clive

**POPULAR PAD SIZES**

Pad Size	Sq In
16 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 26 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

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening 15' Pier pad size 26x26

**ANCHORS**

4 ft ✓ 5 ft ✓

**FRAME TIES**

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

**TIEDOWN COMPONENTS**

**OTHER TIES**

Longitudinal Stabilizing Device (LSD) \_\_\_\_\_

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Tie Down

Sidewall Longitudinal Marriage wall Shearwall \_\_\_\_\_

Number 13

NOT USED

ANCHORS

**PERMIT NUMBER** \_\_\_\_\_

**POCKET PENETROMETER TEST**

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

X \_\_\_\_\_ 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 300 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 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.

AKS Installer's initials

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

Installer Name \_\_\_\_\_

Date Tested \_\_\_\_\_

Teague Raymond  
8-2-04

**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. 15

**Plumbing**

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

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

**Site Preparation**

Debris and organic material removed  Swale  Pad \_\_\_\_\_ Other \_\_\_\_\_

**Fastening multi wide units**

Floor:	Type Fastener: <u>3/8 x 6</u>	Length: <u>6</u>	Spacing: <u>24</u>
Walls:	Type Fastener: <u>3/8 x 6</u>	Length: <u>6</u>	Spacing: <u>24</u>
Roof:	Type Fastener: <u>3/8 x 6</u>	Length: <u>6</u>	Spacing: <u>24</u>

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 AKS

Type gasket \_\_\_\_\_

Pg. 15

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 \_\_\_\_\_ 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 5-20-04



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

----- PART II - SITE PLAN -----

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



Notes: \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

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

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

COLUMBIA COUNTY INSPECTION SHEET

DATE 5/27/04

INSPECTION TAKEN BY G

BUILDING PERMIT # \_\_\_\_\_ CULVERT / WAIVER PERMIT # \_\_\_\_\_

WAIVER APPROVED \_\_\_\_\_ WAIVER NOT APPROVED \_\_\_\_\_

PARCEL ID # \_\_\_\_\_ ZONING \_\_\_\_\_

SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_ HEIGHT \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_ SEPTIC \_\_\_\_\_ NO. EXISTING D.U. \_\_\_\_\_

TYPE OF DEVELOPMENT Pre-Inspection

SUBDIVISION (Lot/Block/Unit/Phase) \_\_\_\_\_

OWNER Eric Mathews PHONE 352-258-5954

ADDRESS 411 SW Salliewood Court Ft. White

CONTRACTOR Tracy Townsend PHONE \_\_\_\_\_

LOCATION 475, TL on 27, TR on Fry Rd, TR on Cumberland St., TR on Salliewood Court, east Lot on right.

COMMENTS: Call 352 258-5954

INSPECTION(S) REQUESTED: \_\_\_\_\_ INSPECTION DATE: ~~5/27~~ <sup>Tues</sup> 6/1/04

- Temp Power  Foundation  Set backs  Monolithic Slab
- Under slab rough-in plumbing  Slab  Framing
- Rough-in plumbing above slab and below wood floor  Other \_\_\_\_\_
- Electrical Rough-in  Heat and Air duct  Perimeter Beam (Lintel)
- Permanent Power  CO Final  Culvert  Pool  Reconnection
- Pre-  M/H tie downs, blocking, electricity and plumbing  Utility pole
- Travel Trailer  Re-roof  Service Change  Spot check/Re-check

INSPECTORS: APPROVED / NOT APPROVED \_\_\_\_\_ BY FOP POWER CO. \_\_\_\_\_

INSPECTORS COMMENTS: \_\_\_\_\_

0405-84

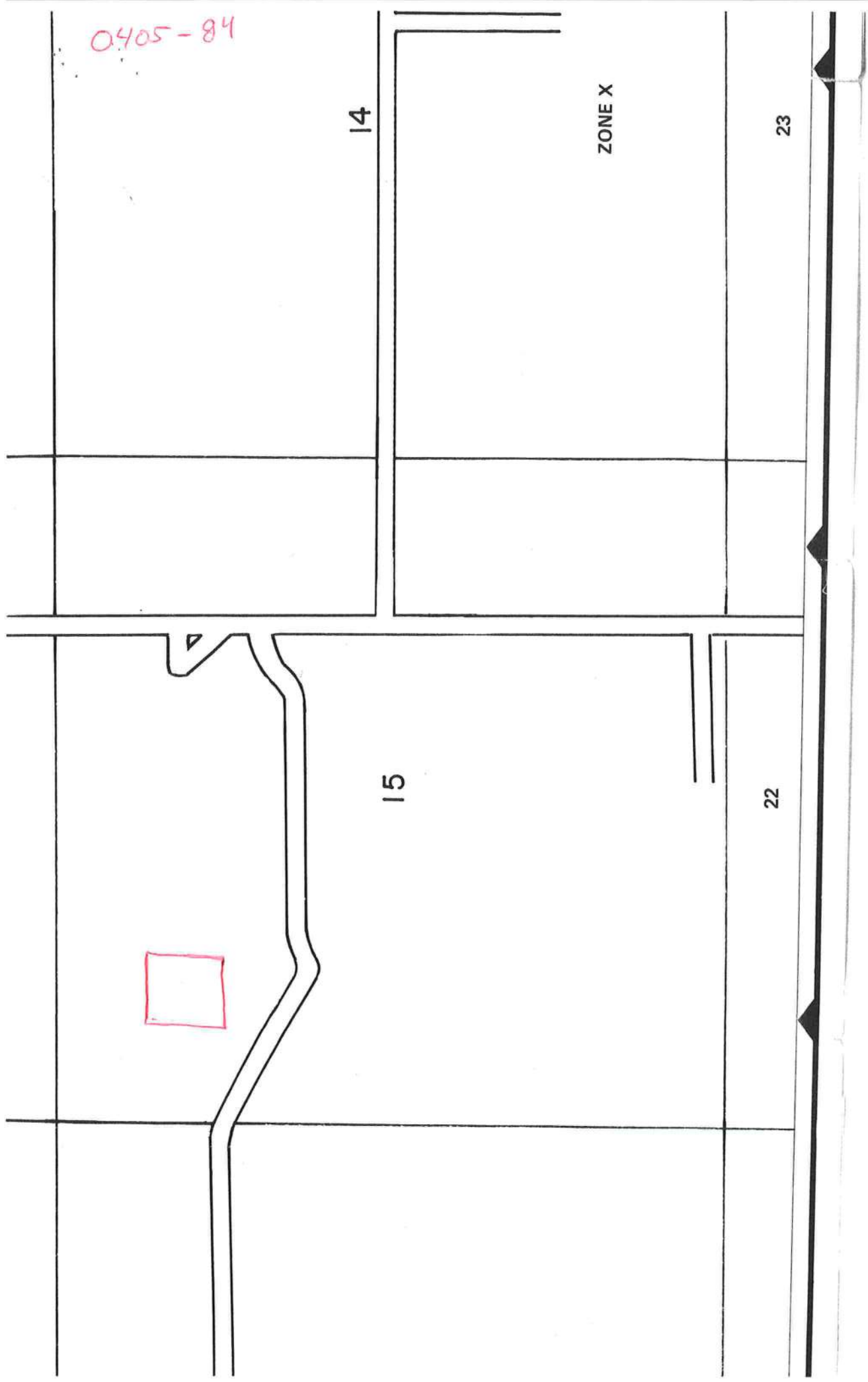
14

ZONE X

23

15

22



MOBILE HOME INSTALLERS  
\*\*\* AUTHORIZATION FORM \*\*\*

To Whom It May Concern:

I, Tracey A. Townsend hereby authorize Eric Matthews to pull permits for (ME) Tracey A. Townsend / Eric Matthews

[Signature]  
Mobile Home Installer

JA-0000711  
State License #

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of June, 2004, 2000.  
By: Marsha Jean Fogg

Marsha Jean Fogg  
Notary

Personally known  
 or Produced Identification  
Type of Identification Produced



Marsha Jean Fogg  
My Commission DD028463  
Expires May 22, 2005



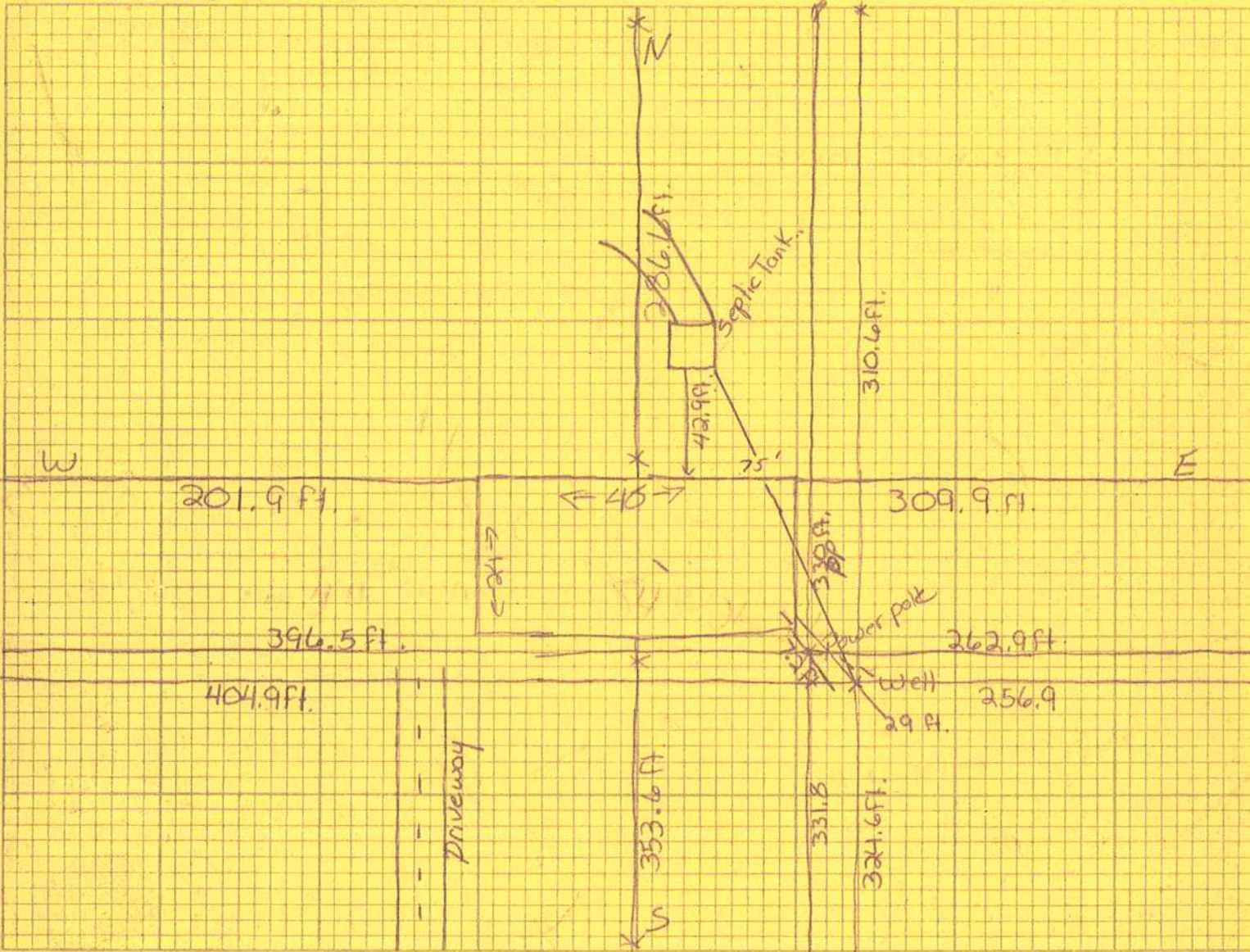
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0606E

PART II - SITE PLAN

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



Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: E. Matt D. Signature OWNER Title

Plan Approved  Not Approved \_\_\_\_\_ Date 5-28-04

By Salbi a. Graddy - ES1 - COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DATE 3/10/04 21967 INSPECTION TAKEN BY GP

BUILDING PERMIT # \_\_\_\_\_ CULVERT / WAIVER PERMIT # \_\_\_\_\_

WAIVER APPROVED \_\_\_\_\_ WAIVER NOT APPROVED \_\_\_\_\_

PARCEL ID # \_\_\_\_\_ ZONING \_\_\_\_\_

SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_ HEIGHT \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_ SEPTIC \_\_\_\_\_ NO. EXISTING D.U. \_\_\_\_\_

TYPE OF DEVELOPMENT Pre Inspection

SUBDIVISION (Lot/Block/Unit/Phase) Shiohatt Ridge Lot 51

OWNER Eric Mathews PHONE 352-258-5954

ADDRESS 411 Sw Sallywood Ct. Ft. White

CONTRACTOR Tracey Townsend PHONE \_\_\_\_\_

LOCATION 4415 TR on 18, TL 27, TR on Fry Rd, TR Cumberland Rd, TR Sallywood Ct, 3rd lot on Eight

COMMENTS: \_\_\_\_\_

INSPECTION(S) REQUESTED: \_\_\_\_\_ INSPECTION DATE: Thurs / Fri

- Temp Power  Foundation  Set backs  Monolithic Slab
- Under slab rough-in plumbing  Slab  Framing
- Rough-in plumbing above slab and below wood floor  Other \_\_\_\_\_
- Electrical Rough-in  Heat and Air duct  Perimeter Beam (Lintel)
- Permanent Power  CO Final  Culvert  Pool  Reconnection
- M/H tie downs, blocking, electricity and plumbing  Utility pole
- Travel Trailer  Re-roof  Service Change  Spot check/Re-check

INSPECTORS: APPROVED  NOT APPROVED \_\_\_\_\_ BY FOP POWER CO. \_\_\_\_\_

INSPECTORS COMMENTS: \_\_\_\_\_