

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

\$65 submitted
fee cash

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# _____

Date Received 5/6/27

By _____

Permit # _____

Flood Zone _____

Development Permit _____

Zoning _____

Land Use Plan Map Category _____

Comments _____

FEMA Map# _____

Elevation _____

Finished Floor _____

River _____

In Floodway _____

Recorded Deed or Property Appraiser PO Site Plan EH # _____ Well Letter OR

Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid

DOT Approval Parent Parcel # _____ STUP-MH _____ 911 App

Ellisville Water Sys Assessment paid Out County In County Sub VF Form

Property ID # 28-25-16-01776-006 (5774) Subdivision _____ Lot# _____

▪ New Mobile Home _____ Used Mobile Home yes ✓ MH Size 24x48 Year 1998

▪ Applicant Clifton Parnell Phone # 386 288 5246

▪ Address 920 N W Baughn ST

▪ Name of Property Owner Clifton Parnell Phone# 386 288 5246

▪ 911 Address 920 N W Baughn ST

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Clifton Parnell Phone # 386 288 5246
Address SAME

▪ Relationship to Property Owner SAME

▪ Current Number of Dwellings on Property 1

▪ Lot Size 1 Ac Total Acreage 13 Ac

▪ Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home yes

▪ Driving Directions to the Property Go 41 North to Baughn ST turn E go 8/10 mile on left

RECEIVED

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

▪ Installers Address 6355 SE CR 245 Lake City FL 32025

▪ License Number FH1025386 Installation Decal # 49873

email: Charlie Parnell32@gmail.com

HUD LABEL # FLA 655881-B, FLA 655882-A
 M.H. ID # 20316AB
 DATE MANUFACTURED 10/12/98
 MODEL # FLHMLCB1184 YEAR 19 99
 MFR. NAME HOMES OF MERIT, INC.
 ADDRESS P.O. BOX 2097
LAKE CITY FL 32056

Manufacturer Data Report

State of Florida
 Department of Highway Safety and Motor Vehicles
 Division of Motor Vehicles
 Neil Kirkman Building, 2500 Apalachee Parkway (Room A 139) Tallahassee, FL 32309-0640
 DESIGNATION (State) FL Single Double Triple
 SIZE 48X11'6" Unit A Unit B Unit C
 EXCLUDE HITCH INCLUDE HITCH

DEALER'S NAME C&G OF LAKE CITY
 ADDRESS LAKE CITY FL
 DAPA NAME HILLBORN, WERNER & CARTER
 ADDRESS 1627 SOUTH MYRTLE AVENUE
CLEARWATER FL 33516

ROOF LOAD ZONES

North 40 PSF South 20 PSF
 Middle 30 PSF

Note: Hawaii, Canal Zone, Puerto Rico and Virgin Islands are South Zone

Equipment	Manufacturer	Model Designation
Clothes Washer		
Clothes Dryer		
Dishwasher	GE	GSD2000202WH
Food Waste		
Water Heater	STATE	SCV301HMS96
Smoke Detector	FIREX	H
Air Conditioning	() BTU/hr	
Comfort Heating	() BTU/hr	GE JBS27BY3WH

WIND ZONES

Zone I 15 PSF Horizontal & 9 PSF Uplift
 Zone II 100 mph.
 Zone III 110 mph
 Exposure D

NOTE: See Section 3280.305(c)(2) for areas included in each Wind Zone.

This home has has not (checked by manufacturer) been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering, the manufacturer shall provide instructions for the homeowner to be enclosed with these devices in accordance with the method recom-

HEATING & COOLING DESIGNED CERTIFICATE

Design Winter Climate Zone
 This mobile home has been thermally insulated to conform with the requirements of the Federal Manufactured Home Construction and Safety Standards for all locations within climatic:

ZONE I ZONE II ZONE III

Manufacturer shall provide "U" factors as designed below.
 Walls (without windows & doors) "U" = .091
 Ceilings & roofs of light color "U" = .046
 Ceilings & roofs of dark color "U" = .081
 Floors "U" = .081
 Air Ducts in floor "U" = .238
 Air Ducts in ceiling "U" = .238

HUD USE # FLA 655881-B, FLA 655882-A
 M.H. D.# 20316AB
 DATE MANUFACTURED 10/12/98
 MODEL # FLHMLCB1184 YEAR IS 99
 APR. NAME HOMES OF MERIT, INC.
 ADDRESS P.O. BOX 2097
LAKE CITY FL 32056

Department of Highway Safety and Motor Vehicles
 Division of Motor Vehicles
 2000 Apalachee Parkway (Room A 107) Tallahassee, FL 32399-0040
 DESIGNATION (Issue) FL Single Double Trip
 SIZE 48X11'6" FL 48X11'6"
 Unit A EXCLUDE HITCH Unit B INCLUDE HITCH Unit C INCLUDE HITCH

DEALER'S NAME C&G OF LAKE CITY
 ADDRESS LAKE CITY FL
 DAPA NAME HILLBORN, WERNER & CARTER
 ADDRESS 1627 SOUTH MYRTLE AVENUE
CLEARWATER FL 33516

Manufacturer Data Report

North 40 PSF South 20 PSF
 Middle 30 PSF

Equipment: Clothes Washer, Dishwasher, Food Waste, Water Heater, Smoke Detector, Air Conditioning, Outdoor Heating
 Manufacturer: GE, Model Designation: GSD2000202WH
 STATE: SCV301HNS9, FIREX, H
 JBS27BY3NH

Zone I 15 PSF Horizontal & 9 PSF Uplift
 Zone II 100 mph.
 Zone III 110 mph
 Exposure D

This home has has not (protected by manufacturer) been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, the manufacturer shall provide instructions for the homeowner to be enclosed with these devices in accordance with the method recom-

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 Design Winter Climate Zone
 This mobile home has been thermally insulated to conform with the requirements of the Federal Manufactured Home Construction and Safety Standards for all locations within climate:

Walls (without windows & doors)..... "U" = .091
 Ceiling & roofs of light color..... "U" = .046
 Ceiling & roofs of dark color..... "U" = .081
 Floors..... "U" =
 Air Ducts in floor..... "U" =
 Air Ducts in ceiling..... "U" = .238



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 Stepp, give this authority for the job address show below
Installer License Holder Name

only, 920 NW Baughn St LC, FL, and I do certify that
Job Address

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... (Check one)
<u>Clinton Pennell</u>	<u>[Signature]</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

[Signature] License Holders Signature (Notarized) FH1025386 License Number 9-14-22 Date

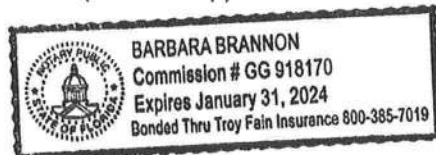
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: _____

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

[Signature]
 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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, _____, 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
<i>Wilton Parrell</i>	<i>[Signature]</i>	

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.

Robert Sheppard
 License Holders Signature (Notarized) *IH1025386* *9-14-22*
 License Number Date

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.) P.K. on this 14TH day of SEPT., 20 22.

Barbara Brannon
 NOTARY'S SIGNATURE

(Seal/Stamp)

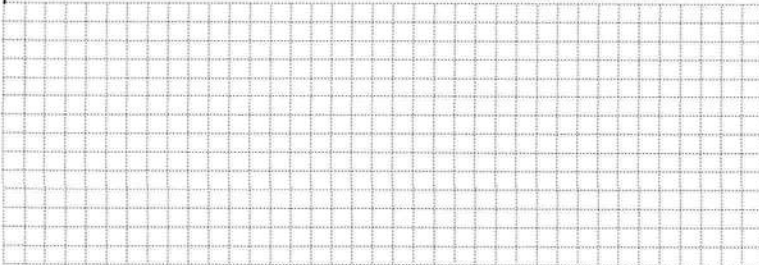
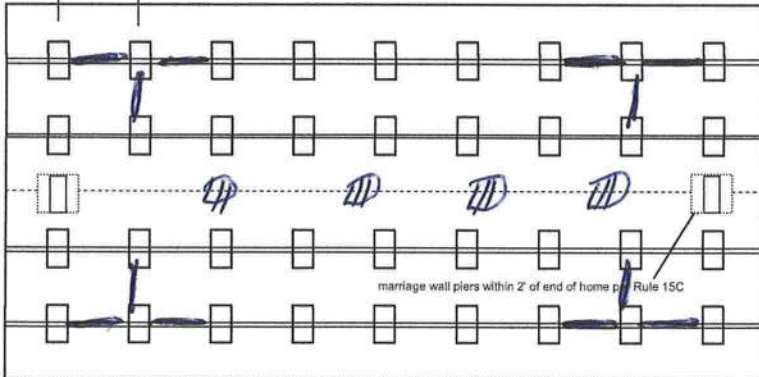
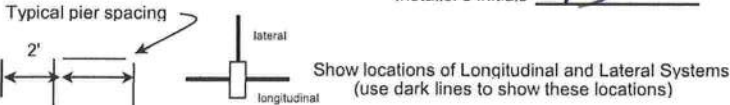


Mobile Home Permit Worksheet

Installer: Robert Sheppard License # JH1025386
 Address of home being installed _____
 Manufacturer Champion Length x width 28x48

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 RS



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 # 49873
 Triple/Quad Serial # _____

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 17x25
 Perimeter pier pad size 16x16
 Other pier pad sizes (required by the mfg.) 17x25

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
_____	_____
_____	_____
_____	_____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Oliver 1101V

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

ANCHORS

4 ft 5 ft _____

FRAME TIES

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

OTHER TIES

	Number
Sidewall	<u>2</u>
Longitudinal	<u>4</u>
Marriage wall	<u>0</u>
Shearwall	<u>4</u>

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

POCKET PENETROMETER TEST

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

x 1500 x 1600 x 1600

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 1500 x 1600 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 9-14-22

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
Water drainage: Natural _____ Swale _____ Pad Other _____

Fastening multi wide units

Floor:	Type Fastener: <u>lags</u>	Length: <u>5</u>	Spacing: <u>16"</u>
Walls:	Type Fastener: <u>scrows</u>	Length: <u>4</u>	Spacing: <u>16"</u>
Roof:	Type Fastener: <u>lags</u>	Length: <u>6</u>	Spacing: <u>16"</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 RS

Type gasket <u>Foam</u>	Installed:
Pg. <u>22</u>	Between Floors Yes <input checked="" type="checkbox"/>
	Between Walls Yes <input checked="" type="checkbox"/>
	Bottom of ridgebeam Yes <input checked="" type="checkbox"/>

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 Robert Sheppard Date 9-14-22

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Shepard PHONE 386-623-2203

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.

<p>ELECTRICAL</p>	<p>Print Name <u>Clifton Parnell</u> License #: _____ Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>[Signature]</u> Phone #: <u>386 288 5246</u></p>
<p>MECHANICAL/ A/C</p>	<p>Print Name <u>Clifton Parnell</u> License #: _____ Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>[Signature]</u> Phone #: <u>386 288 5246</u></p>

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 Property Appraiser

Jeff Hampton

2022 Working Values

updated: 9/15/2022

Parcel: << **28-2S-16-01776-006 (5774)** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	PARNELL CLIFTON G 920 NW BAUGHN ST LAKE CITY, FL 32055		
Site	850 NW BAUGHN St, LAKE CITY 920 NW BAUGHN St		
Description*	COMM SE COR OF NW1/4 OF SE1/4 & RUN W ALONG S LINE 332.83 FT N 882.24 FT TO POB, CONT N 408.46 FT TO S R/W LINE OF BAUGHN RD TO PT OF CURVE, RUN SW'ERLY ALONG ARC OF CURVE 220.30 FT, RUN SW 123.93 FT, RUN SE 239.51 FT, NE 164.93 FT TO POB. ALSO THE E 331.0 ...more>>>		
Area	11.82 AC	S/T/R	28-2S-16
Use Code**	IMPROVED AG (5000)	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

2021 Certified Values		2022 Working Values	
Mkt Land	\$17,960	Mkt Land	\$11,460
Ag Land	\$1,709	Ag Land	\$1,837
Building	\$16,082	Building	\$19,005
XFOB	\$4,980	XFOB	\$11,480
Just	\$58,059	Just	\$60,982
Class	\$40,731	Class	\$43,782
Appraised	\$40,731	Appraised	\$43,782
SOH Cap [?]	\$3,823	SOH Cap [?]	\$4,575
Assessed	\$36,908	Assessed	\$39,207
Exempt	HX HB \$17,913	Exempt	HX HB \$19,028
Total Taxable	county:\$18,995 city:\$0 other:\$0 school:\$18,995	Total Taxable	county:\$20,179 city:\$0 other:\$0 school:\$20,179

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/17/2006	\$18,000	1081/0482	WD	I	U	08
10/8/2004	\$100	1028/0191	QC	I	U	01

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1973	1344	1554	\$11,306
Sketch	MOBILE HME (0800)	1986	1568	2304	\$7,699

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0190	FPLC PF	1993	\$1,200.00	1.00	0 x 0
0296	SHED METAL	0	\$280.00	80.00	8 x 10
0296	SHED METAL	2008	\$100.00	1.00	0 x 0
0296	SHED METAL	2013	\$200.00	1.00	0 x 0
0190	FPLC PF	1993	\$1,200.00	1.00	0 x 0
9945	Well/Sept		\$3,250.00	1.00	0 x 0
0060	CARPOT F	2008	\$1,800.00	360.00	20 x 18
9945	Well/Sept		\$3,250.00	1.00	0 x 0
0296	SHED METAL	2008	\$100.00	1.00	0 x 0
0294	SHED WOOD/VINYL	2008	\$100.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0200	MBL HM (MKT)	1.810 AC	1.0000/1.0000 1.0000/ /	\$3,000 /AC	\$5,430
0200	MBL HM (MKT)	2.010 AC	1.0000/1.0000 1.0000/ /	\$3,000 /AC	\$6,030
5600	TIMBER 3 (AG)	8.000 AC	1.0000/1.0000 1.0000/.8000000 /	\$230 /AC	\$1,837
9910	MKT.VAL.AG (MKT)	8.000 AC	1.0000/1.0000 1.0000/.8000000 /	\$2,380 /AC	\$19,037

Search Result: 1 of 1



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

Date/Time Issued: **6/22/2020 2:41:23 PM**
Address: **920 NW BAUGHN ST**
City: **LAKE CITY**
State: **FL**
Zip Code **32055**

Parcel ID **28-2S-16-01776-006**

REMARKS: **This address is a verified address in the county's addressing system.**
Verification ID: a347e667-cb98-4a0f-ae2c-03dce8a9fff6

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: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 22-D630
DATE PAID: 7/15/22
FEE PAID: 60.00
RECEIPT #: 1868544

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Clyton P EMAIL: _____

AGENT: _____ TELEPHONE: 386 288 5246

MAILING ADDRESS: 920 NW Baughn St.

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 OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 28-25-16-01776-006 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 11.82 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: 920 NW Baughn St

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>MH</u>	<u>3</u>	<u>1152</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

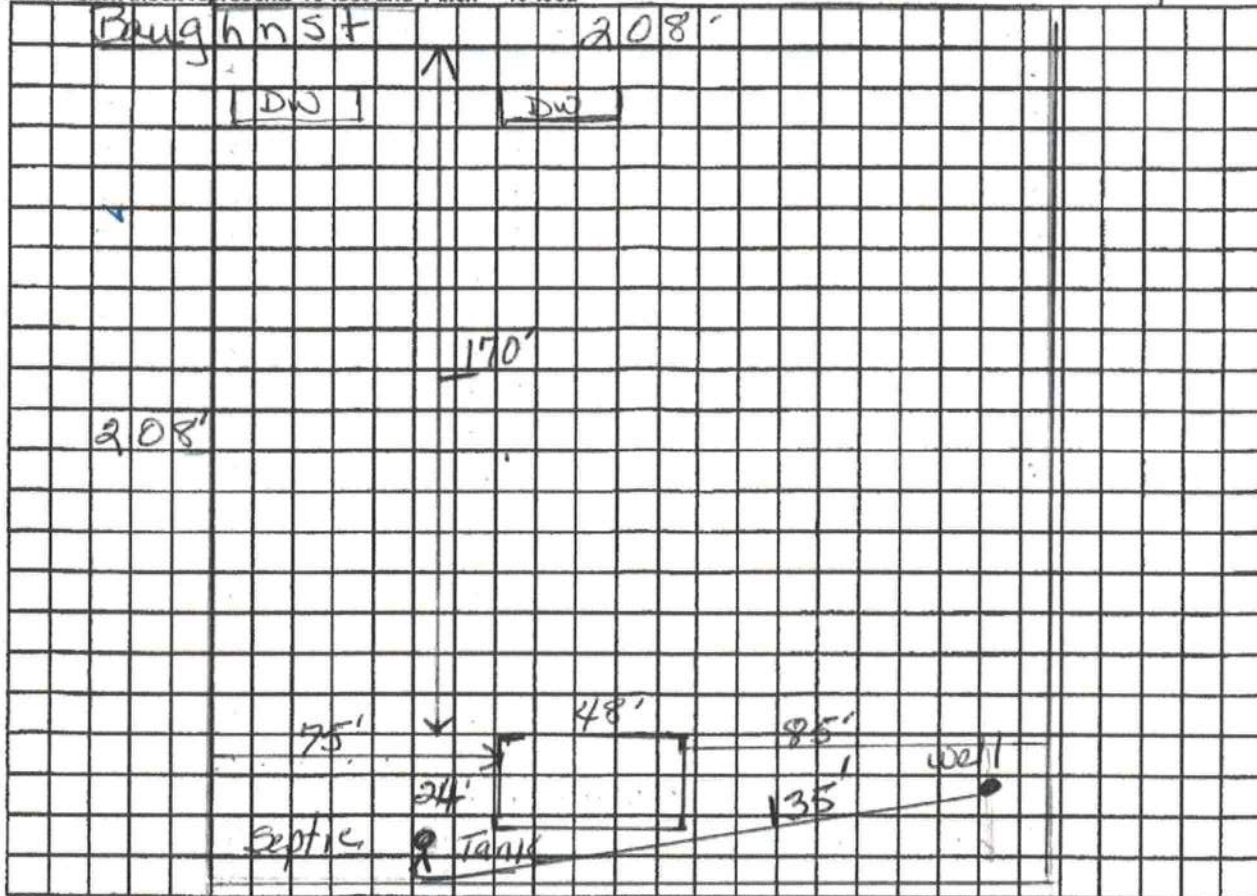
SIGNATURE: Clyton P DATE: 7-15-22

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0630

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

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



Notes: _____

Site Plan submitted by: Clifton Barne II Date 7/15/22

Plan Approved Galli, Fred Not Approved _____ Date 8-1-22
By EH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT