

DATE 04/07/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028470

APPLICANT WENDY GRENNELL PHONE 288-2428
 ADDRESS 3104 SW OLD WIRE ROAD FT. WHITE FL 32038
 OWNER LEONA CROWLEY PHONE 719-3974
 ADDRESS 343 SW DIAMOND CT LAKE CITY FL 32024
 CONTRACTOR BERNIE THRIFT PHONE 623-0046
 LOCATION OF PROPERTY 90W, TL CR 252, TR MAYO RD., TR DIAMOND,CURVE TO THE LEFT,
3RD LOT ON RIGHT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 01-4S-15-00314-001 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 10.02

IH0000075
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Wendy Grennell Applicant/Owner/Contractor
 EXISTING 10-154 BK HD N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: REPLACES OLD MH THAT HAS BEEN REMOVED,ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 73.32 WASTE FEE \$ 100.50
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 548.82
 INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 020210 Building Official HD 4-5-10

AP# 1003-47 Date Received 3/30/10 By G Permit # 28470

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

Comments Replaces old MH that has been removed

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

Site Plan with Setbacks Shown EH # _____ EH Release Well letter Existing well

Recorded Deed or Affidavit from land owner Letter of Auth. from installer State Road Access

Parent Parcel # _____ STUP-MH _____ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL N/A suspended VF complete

100154-N
 Property ID # 01-45-15-00314-001 Subdivision N/A

- New Mobile Home _____ Used Mobile Home MH Size 32x76 Year 1998
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Leona Crowley Phone# 386-719-3974
- 911 Address 343 SW Diamond Ct, Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Leona Crowley Phone # 386-719-3974
 Address 446 SW Jafus Ave Lake City FL 32024
- Relationship to Property Owner same
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 10.02
- 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 yes - old mobile home (circle yes)
- Driving Directions to the Property Go west to 252 turn (L) to Mayo Road turn (R) to SW Diamond Ct turn (R) follow around curve to (L) site on (R) 4th lot after curve
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386-623-0046
- Installers Address 5557 NW Falling Creek Rd White Springs FL
- License Number IT0000075 Installation Decal # 307807

386 755 1031

PERMIT WORKSHEET

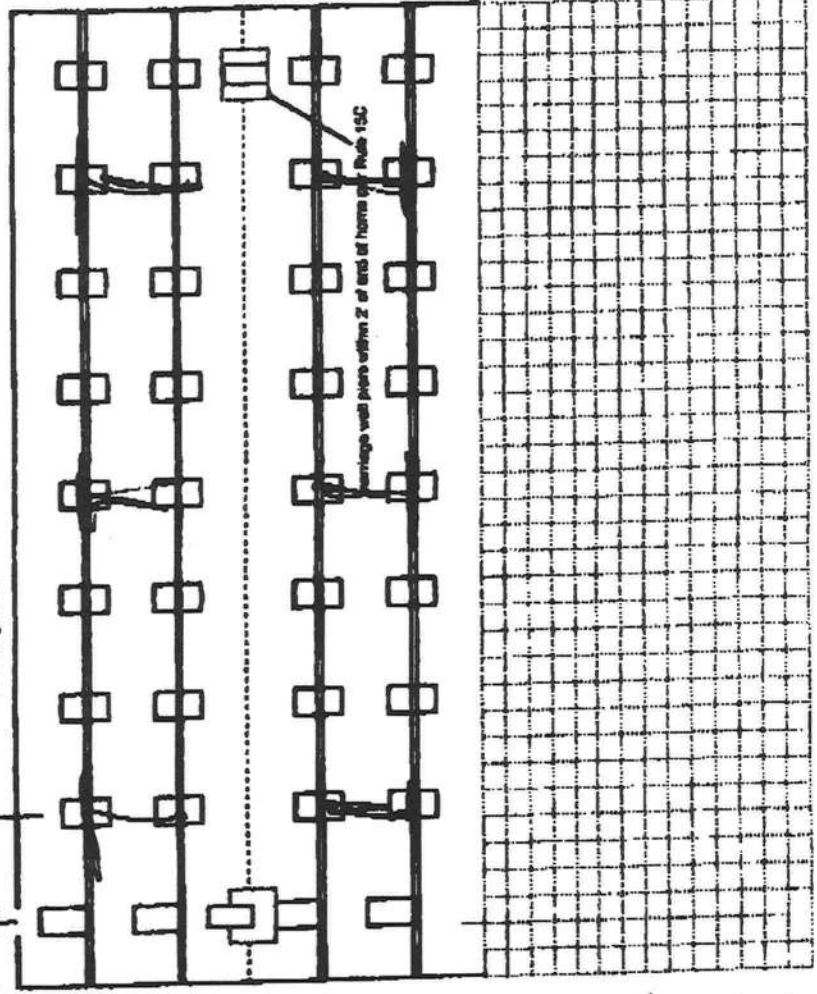
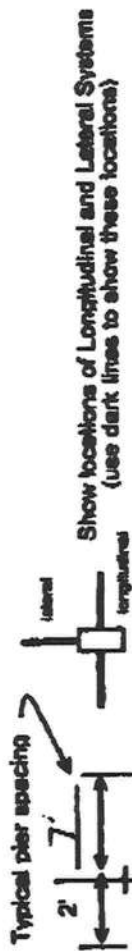
page 1 of 2

Installer Bernie Thrift License # _____
 Manufacturer Fleetwood Length x Width 76 x 32
 Name of Owner of this Mobile Home Crowley
 Phone _____
 Address sw Diamond Ct Lake City

New Home Used Home Year 1998
 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 # 307807
 Triple/Quad Serial # 082244B

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



PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (sq ft) | 16' x 16' (266) | 18 1/2' x 16 1/2' (342) | 20' x 20' (400) | 22' x 22' (484)* | 24' x 24' (576)* | 26' x 26' (676) |
|-------------------------------|-----------------|-------------------------|-----------------|------------------|------------------|-----------------|
| 1000 def | 3' | 4' | 5' | 6' | 7' | 8' |
| 1500 def | 4' | 5' | 6' | 7' | 8' | 9' |
| 2000 def | 5' | 6' | 7' | 8' | 9' | 10' |
| 2500 def | 6' | 7' | 8' | 9' | 10' | 11' |
| 3000 def | 7' | 8' | 9' | 10' | 11' | 12' |
| 3500 def | 8' | 9' | 10' | 11' | 12' | 13' |

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

PIER PAD SIZES

I-beam pier pad size 17 X 25
 Perimeter pier pad size 11 X 16
 Other pier pad sizes (required by the mfg.) _____

POPULAR PAD SIZES

| Pad Size | Sq. In. |
|-------------------|---------|
| 16 x 16 | 256 |
| 18 x 18 | 324 |
| 18 1/2 x 18 1/2 | 342 |
| 17 x 22 | 374 |
| 13 1/4 x 28 1/4 | 368 |
| 20 x 20 | 400 |
| 17 3/16 x 25 3/16 | 441 |
| 17 1/2 x 25 1/2 | 448 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

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 201 Pier pad size 23'431''
48 5 R

ANCHORS

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 110lu River Systems

OTHER TIES

Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Number

258
6
2
2

Crowley

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 200.0 per or check here to declare 1000 lb. soil without testing.

X 3200 X 2500 X 2000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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 2000 X 2000 X 3500

TORQUE PROBE TEST

The results of the torque probe test is 250 ft 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bernie Thrift

Date Tested

3-25-10

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. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8 Lags Length: 5" Spacing: 24" OC
Walls: Type Fastener: 1/2" Fld Length: 9" Spacing:
Roof: Type Fastener: 10" Fld Length: 75" Spacing:
For used homes a min. 30 gauge, 6" 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 installation

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 Form Seal Gasket Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 18
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
Rear 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

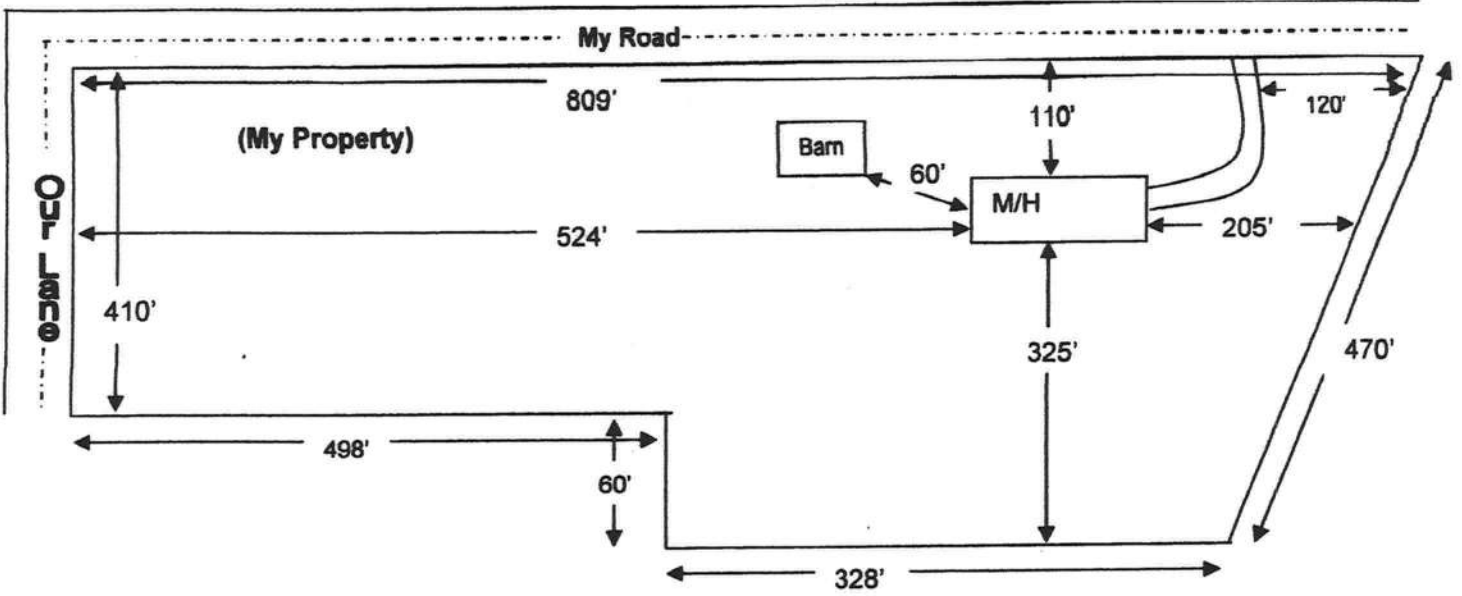
Installer Signature

Bernie Thrift

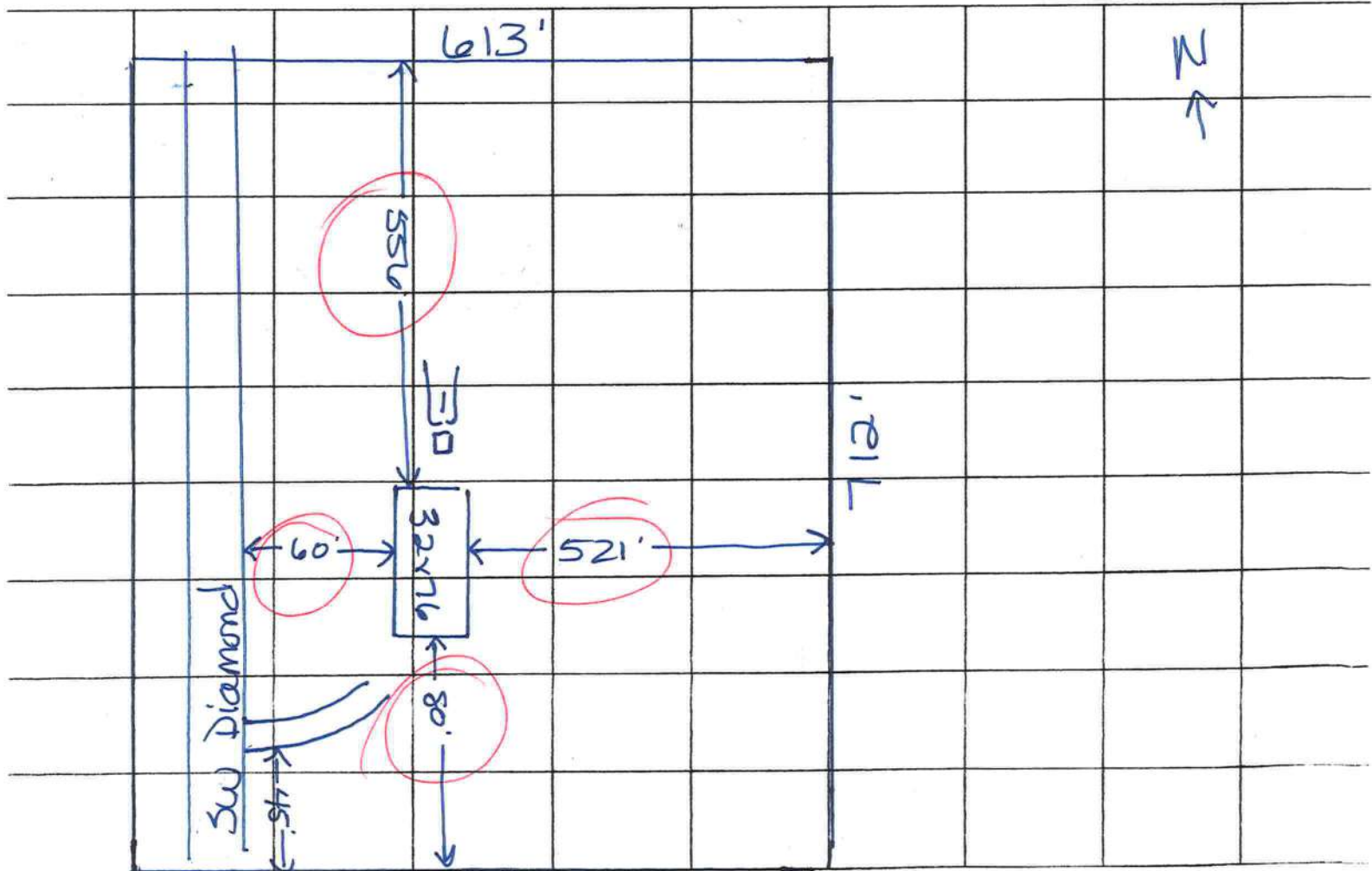
Date

3-25-10

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR Bernie Thrift

PHONE 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.

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> ELECTRICAL <i>Good 234</i> | Print Name: <u>Mike Connor - Connor Electric</u> License #: <u>ER13013192</u> | Signature: <u>Michael J. Connor</u> Phone #: <u>386-357-0909</u> |
| <input checked="" type="checkbox"/> MECHANICAL/A/C | Print Name: <u>David Hall's Inc</u> License #: <u>CACD 57424</u> | Signature: <u>D. Hall</u> Phone #: <u>386-755-9792</u> |
| <input type="checkbox"/> PLUMBING/GAS | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| <input type="checkbox"/> ROOFING | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| <input type="checkbox"/> SHEET METAL | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| <input type="checkbox"/> FIRE SYSTEM/SPRINKLER | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| <input type="checkbox"/> SOLAR | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | | | |
| METAL BLDG ERECTOR | | | |

§. S. 440.103 Building permit; 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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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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 <i>60368</i> | Print Name <i>David Hall's Inc</i> License #: <i>CACD 57424</i> | Signature <i>D Hall</i> Phone #: <i>386-755-9792</i> |
| PLUMBING/ GAS <i>672</i> | Print Name <i>Bernie Thrift</i> License #: <i>IH000075</i> | Signature <i>Bernie Thrift</i> Phone #: <i>623 0046</i> |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | | | |
| METAL BLDG ERECTOR | | | |

§. 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.

A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road

Lake City, FL, 32055

(O) 386-758-3409

(F) 386-758-3410

(C) 386-623-3151

11/6/2009

To: Columbia County Building Department

Description of well to be installed for Customer: residential well
Located at Address: SW Diamond Ct. Lake City 32024

1 hp 15 GPM Submersible Pump, 1 1/2" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce N Park

Sincerely
Bruce Park
President

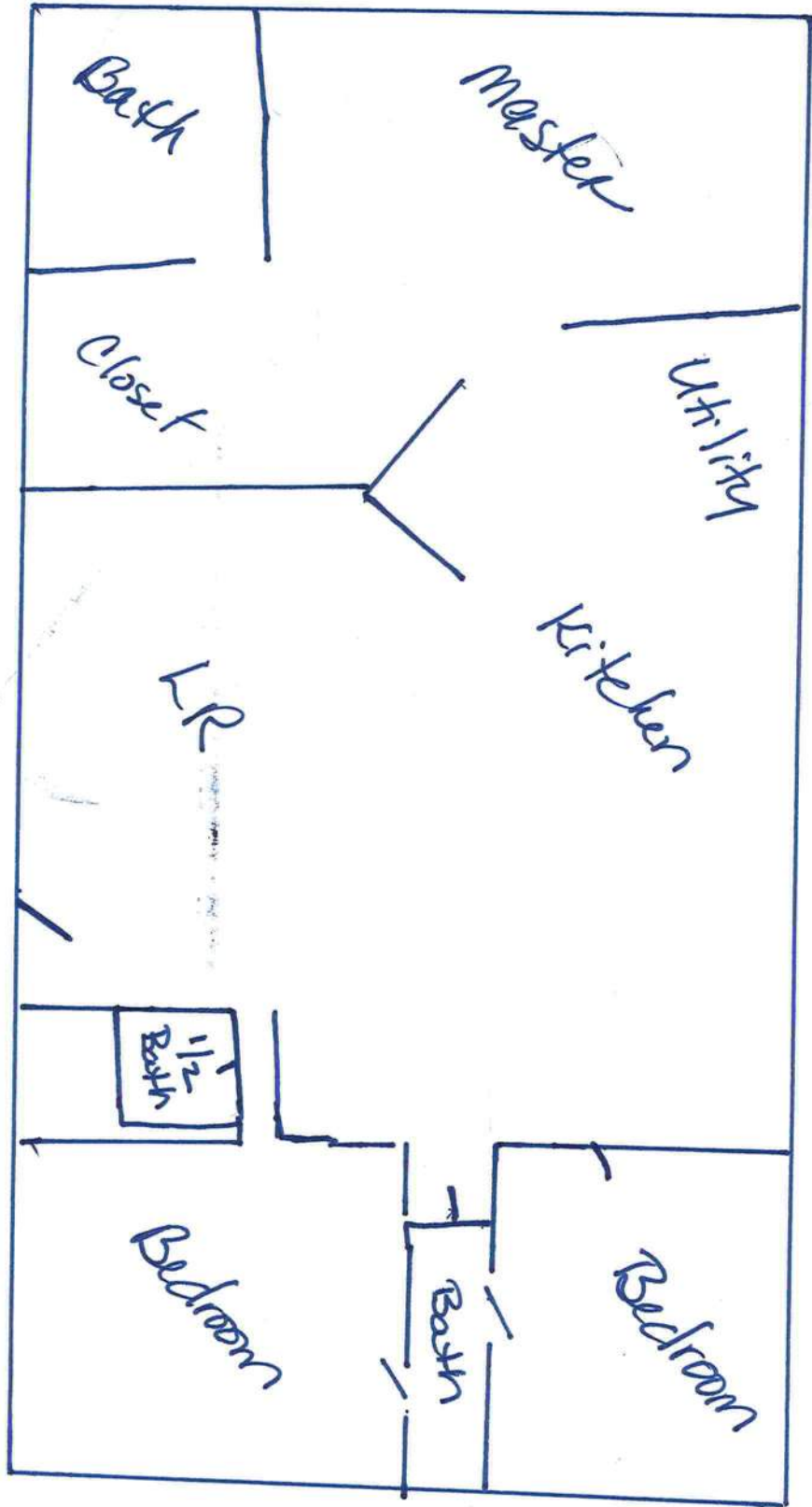
>> [Print as PDF](#) <<

COMM NW COR OF E1/2 OF SE1/4 OF NE1/4, RUN S 1028.06 FT FOR POB, E 613.31 FT, S 712.27 FT, W 613.43 FT, N 711.16 FT TO
 CROWLEY LEONA M
 446 SW JAFUS AVE
 LAKE CITY, FL 32024
 01-4S-15-00314-001
 Columbia County 2010 R
 CARD 001 of 001
 PRINTED 1/28/2010 7:42
 APPR 4/07/2006 DFTW
 BY JEFF

| | | | | | | | | | | | |
|------|--------|-----|-------------------------|-----------|----------|---------|------|----------|-----------|--------|-------------|
| BUSE | | AE? | HTD AREA | .000 | INDEX | 1415.00 | DIST | 3 | PUSE | 000700 | MISC RES |
| MOD | BATH | | EFF AREA | 27.534 | E-RATE | .000 | INDX | STR | 1- 4S- 15 | | |
| EXW | FIXT | | RCN | %GOOD | BLDG VAL | | AYB | MKT AREA | 01 | | 0 BLDG |
| % | BDRM | | | | | | EYB | (PUD1 | | | 3,060 XFOB |
| RSTR | RMS | | ----- | | | | | AC | 10.020 | | 55,514 LAND |
| RCVR | UNTS | | 3FIELD CK: | | | | | NTCD | | | 0 AG |
| % | C-W% | | 3LOC: 381 DIAMOND CT SW | | | | | APPR CD | | | 0 MRAG |
| INTW | HGHT | | | | | | | CNDO | | | 58,574 JUST |
| % | PMTR | | | | | | | SUBD | | | 0 CLAS |
| FLOR | STYS | | | | | | | BLK | | | |
| % | ECON | | | | | | | LOT | | | 0 SOHD |
| HTTP | FUNC | | | | | | | MAP# | | | 0 ASSD |
| A/C | SPCD | | | | | | | | | | 0 EXPT |
| QUAL | DEPR | | | | | | | TXDT | 003 | | 0 COTXBL |
| FNDN | UD-1 | | | | | | | | | | |
| SIZE | UD-2 | | | | | | | | | | |
| CEIL | UD-3 | | | | | | | | | | |
| ARCH | UD-4 | | | | | | | | | | |
| FRME | UD-5 | | | | | | | | | | |
| KTCH | UD-6 | | | | | | | | | | |
| WNDO | UD-7 | | | | | | | | | | |
| CLAS | UD-8 | | | | | | | | | | |
| OCC | UD-9 | | | | | | | | | | |
| COND | % | | | | | | | | | | |
| SUB | A-AREA | % | E-AREA | SUB VALUE | | | | | | | |

| | | | | | | | | | | | |
|--------------------------|----|------|-----------|-----|-----|------|-----|----|------|------|-------------|
| -----EXTRA FEATURES----- | | | | | | | | | | | |
| AE | BN | CODE | DESC | LEN | WID | HGHT | QTY | QL | YR | ADJ | UNITS UT |
| Y | | 0040 | BARN,POLE | 34 | 36 | | 1 | | 2001 | 1.00 | 1224.000 SF |

| | | | | | | | | | | | |
|-------|--------|----------|------|------|------|-------|-------|---------------------|-----------|----------|-----------|
| ----- | | | | | | | | | | | |
| LAND | DESC | ZONE | ROAD | {UD1 | {UD3 | FRONT | DEPTH | FIELD CK: | | | |
| AE | CODE | TOPO | UTIL | {UD2 | {UD4 | BACK | DT | ADJUSTMENTS | UNITS UT | PRICE | ADJ UT PR |
| Y | 000700 | MISC RES | A-1 | 0013 | | | | 1.00 1.00 1.00 1.00 | 10.020 AC | 5540.400 | 5540.40 |
| | | | 0002 | 0003 | | | | | | | 55,514 |



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/30/10 BY GP IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Leona Crowley PHONE 386-719-3974 CELL 386-965-9776

ADDRESS SW Diamond Court Lake City FL 32024

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 90 west to Pinemount turn (L) to Godbold turn (L) go to end on (R)

* call customer to get in home * lives on Jafus Rd

MOBILE HOME INSTALLER Bernie Thrift PHONE 386-752-9561 CELL 386-623-0046

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 98 SIZE 32 X 76 COLOR white

SERIAL No. GAF LV 34 AB 70822 FH

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR: INSPECTION STANDARDS

(P or F) - P= PASS F= FAILED

SMOKE DETECTOR () OPERATIONAL () MISSING

FLOORS () SOLID () WEAK () 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 REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 402 DATE 3-31-10

Crowley APP
1003-47

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: 3/30/2010 DATE ISSUED: 4/7/2010

ENHANCED 9-1-1 ADDRESS:

343 SW DIAMOND CT

LAKE CITY FL 32024

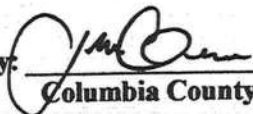
PROPERTY APPRAISER PARCEL NUMBER:

01-4S-15-00314-001

Remarks:

LOT 6 MURRAY PROPERTY UNREC

Address Issued By:



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.

GERBANO CALVENEY
OPEN

M/H OCCUPANCY

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 01-4S-15-00314-001

Building permit No. 000028470

Permit Holder BERNIE THRIFT

Owner of Building LEONA CROWLEY

Location: 343 SW DIAMOND CT., LAKE CITY, FL

Date: 04/26/2010

Yany Sticker

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)