

DATE 09/16/2008

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027342

APPLICANT CINDY KENT PHONE 386.752.1089
 ADDRESS 1319 SPRUCE ROAD FT. WHITE FL 32038
 OWNER CINDY KENT PHONE 386.752.1089
 ADDRESS 1289 SW SPRUCE STREET FT. WHITE FL 32038
 CONTRACTOR JOE TODD PHONE 386.688.7372

LOCATION OF PROPERTY 90-W TO SR.247-S,TL TO C-240,TR TO ICHE.,TR TO CURTAIN,TR TO SPRUCE,TL 1 MILE ON L @ DRIVEWAY.

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 36-5S-15-00488-065 SUBDIVISION SPRING HILLS

LOT 15 BLOCK C PHASE _____ UNIT _____ TOTAL ACRES 1.00

_____ IH0000770 _____
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING _____ 08-0613 _____ CFS _____ WR _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash 1204

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 \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 6.42 WASTE FEE \$ 16.75

FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 348.17

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Fax 903-5534

CMT#1209

For Office Use Only (Revised 1-10-08) Zoning Official OKS 9/8/08 Building Official WJW

AP# 0809-08 Date Received 9/5/08 By [Signature] Permit # 21342 9/8/08

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

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

Site Plan with Setbacks Shown EH # 08-0613 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 29.88 Fire 78.63 Corr 442.89 Road/Code 1046.00/210

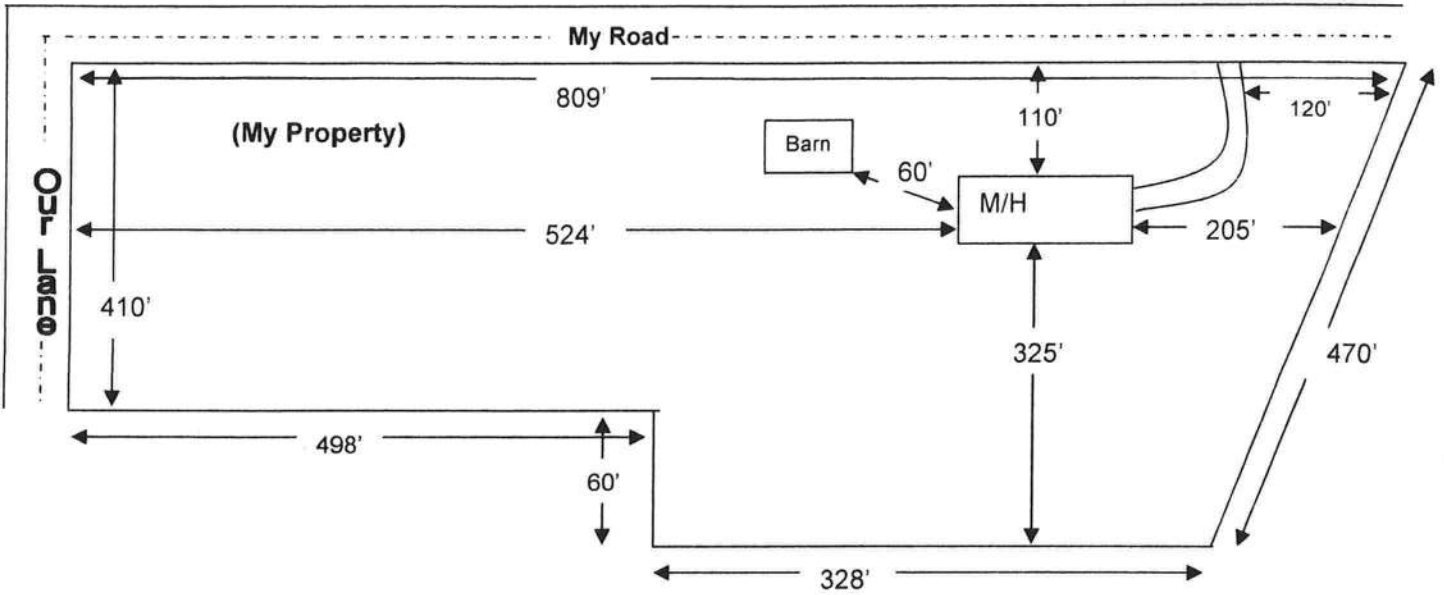
School 1500.00 = TOTAL 3097.40 Pre-Inspection

CMT
1203

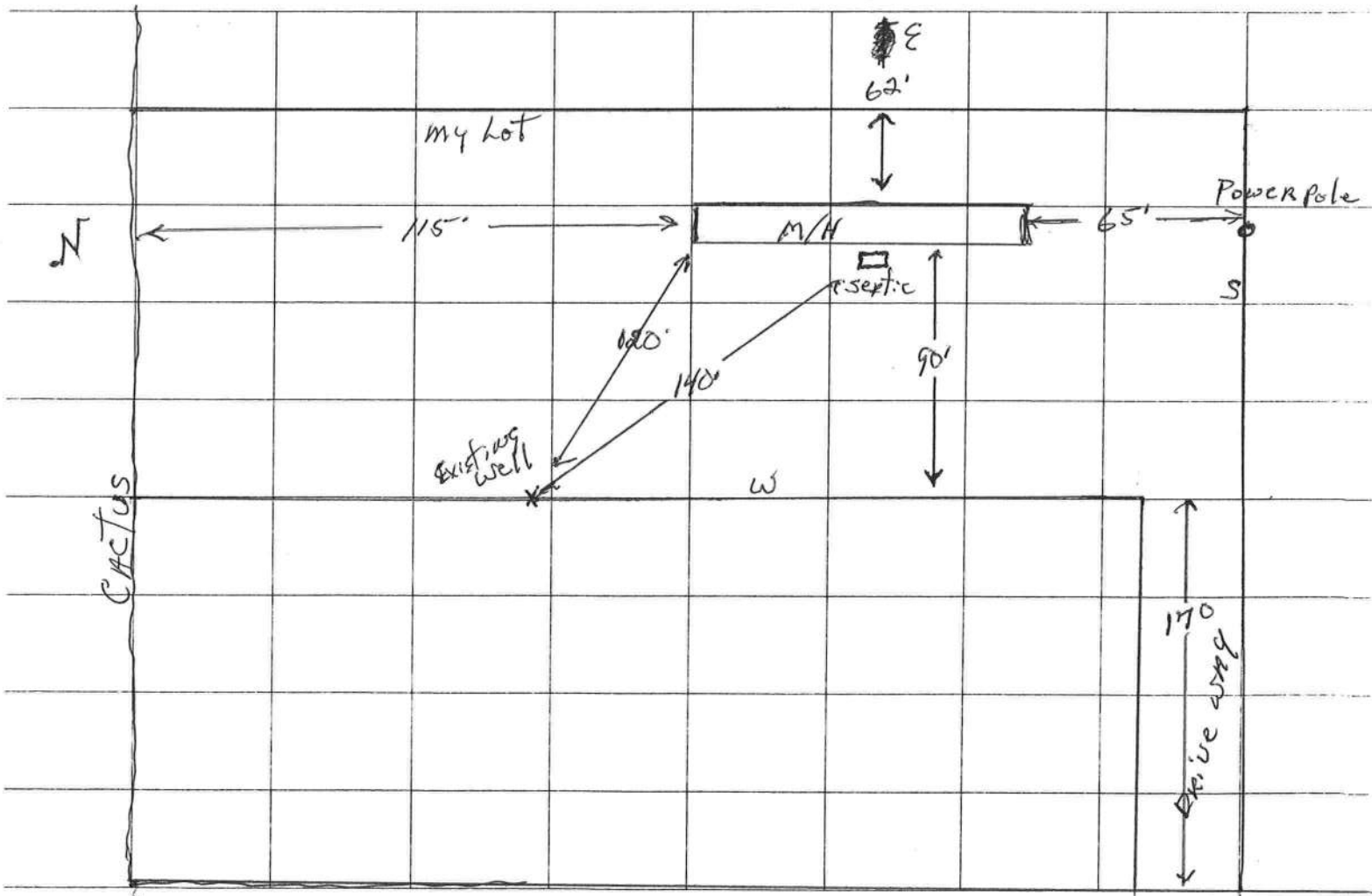
Property ID # 36-55-15-00488-065 Subdivision Spring Hills S/D Lot 15 BIKC

- New Mobile Home _____ Used Mobile Home Liberty MH Size 14x80 Year 1993
- Applicant CINDY L KENT Phone # 752-1089
- Address 1319 spruce st fort white FL
- Name of Property Owner CINDY L KENT Phone# 752-1089
- 911 Address 1289 SW Spruce Rd. Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home CINDY L KENT Phone # _____
 Address 1319 spruce st Ft white FL
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 166 x 260 Total Acreage 1.00 Acre
- 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 (owe)
- Driving Directions to the Property S ON 247, to Left ON 240, R ON Toletucknee, R ON CURTAIN, L ON Spruce, to 1319 Spruce - # ON MAIL BOX 1mile Left At box, up drive way to Lot
- Name of Licensed Dealer/Installer JOE Todd Phone # 386/688-7372
- Installers Address 13636 C.R. 137 wellborn FL, 32094
- License Number I.H 0000770 Installation Decal # 299537

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.



PERMIT WORKSHEET

PERMIT NUMBER

Installer Joe Todd License # IK.0000770

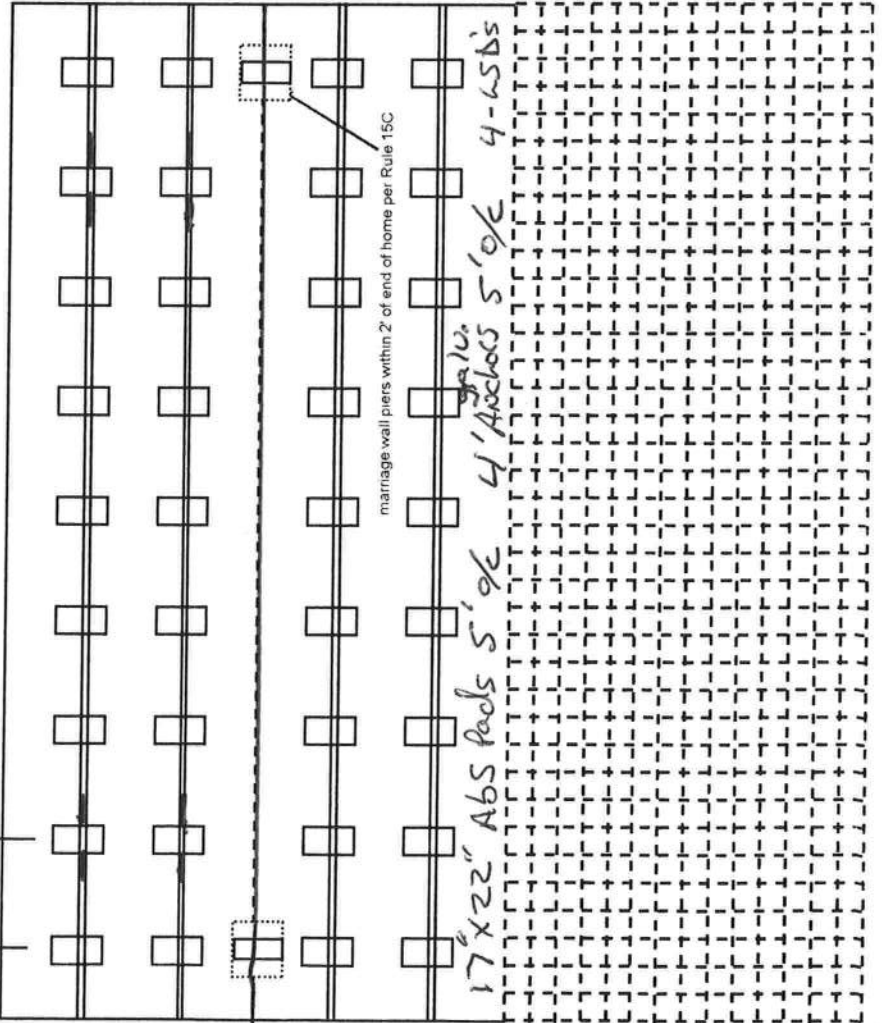
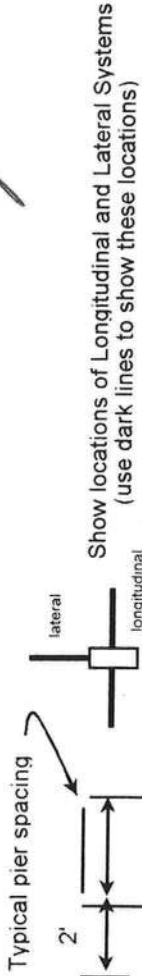
Address of home being installed _____

Manufacturer Liberty Length x width 14 X 80

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 [Signature]



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 # will call with order

Triple/Quad Serial # 10L23174

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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 22 ABS

Perimeter pier pad size 16 X 16 ABS

Other pier pad sizes (required by the mfg.) _____

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
<u>N/A</u>	_____
<u>111</u>	_____
<u>111</u>	_____

Kits

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer 01. Vert Tech
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer NO

OTHER TIES

Number 17 per side
 Sidewall 01. Vert Tech's pans
 Longitudinal N/A
 Marriage wall N/A
 Shearwall N/A

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 2000 X 1500 X 2000

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 2000

TORQUE PROBE TEST

The results of the torque probe test is 275 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

JOE Todd

Date Tested

9/5/08

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.

Plumbing

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

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

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 N/A

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 Pg. Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No Range downflow vent installed outside of skirting. Yes N/A Electrical crossovers protected. Yes N/A

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

Installer Signature Joe Todd

Date 9/5/08



Columbia County Tax Collector

Site Provided by...
government.com

Tax Record

print [print icon] [refresh icon] [back icon] [forward icon] [search icon] [help icon]

Last Update: 8/27/2008 11:05:29 AM EDT

Details

Tax Record

- [Print View](#)
- [Legal Desc.](#)
- [Appraiser Data](#)
- [Tax Payment](#)
- [Payment History](#)
- [Print Tax Bill **NEW!**](#)

Searches

- [Account Number](#)
- [GEO Number](#)
- [Owner Name](#)
- [Property Address](#)
- [Certificate **NEW!**](#)
- [Mailing Address](#)

Site Functions

- [Disclaimer](#)
- [Tax Search](#)
- [Local Business Tax](#)
- [Tax Sale List](#)
- [Contact Us](#)
- [County Login](#)
- [Home](#)

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number	Tax Type	Tax Year		
R00488-065	REAL ESTATE	2007		
Mailing Address STEWART EARL M 526 N 27TH AVE W DULUTH MN 55806		Property Address SPRING GEO Number 155S36-00488-065		
Assessed Value	Exempt Amount	Taxable Value		
\$17,750.00	\$0.00	\$17,750.00		
Exemption Detail Millage Code Escrow Code NO EXEMPTIONS 003 <u>Legal Description (click for full description)</u> 36-5S-15 0000/0000 1.00 Acres LOT 15 BLOCK C SPRING HILLS S/D. ORB 711-386, 818-654, PROB #98-97-CP ORB 860-2482,				
Ad Valorem Taxes				
Taxing Authority	Rate	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	7.8536		\$17,750.00	\$1,391.00
COLUMBIA COUNTY SCHOOL BOARD				
DISCRETIONARY	6.1800		\$17,750.00	\$1,096.25
LOCAL	4.7800		\$17,750.00	\$844.25
CAPITAL OUTLAY	2.3300		\$17,750.00	\$411.13
SUWANNEE RIVER WATER MGT DIST	0.4599		\$17,750.00	\$81.40
LAKE SHORE HOSPITAL AUTHORITY	2.0220		\$17,750.00	\$351.00
COLUMBIA COUNTY INDUSTRIAL	0.1240		\$17,750.00	\$22.00
Total Millage		17.9789	Total Taxes \$319.13	
Non-Ad Valorem Assessments				
Code	Levying Authority			Amount
FFIR	FIRE ASSESSMENTS			\$69.58
Total Assessments				\$69.58
Taxes & Assessments				\$388.71
If Paid By			Amount Due	
			\$0.00	

Date Paid	Transaction	Receipt	Item	Amount Paid
8/21/2008	PAYMENT	2214600.0001	2007	\$474.43

[Prior Years Payment History](#)

Prior Year Taxes Due
NO DELINQUENT TAXES

Print | << First < Previous Next > Last >>



This Instrument Prepared by & return to:

Name: KIM WATSON, an employee of
TITLE OFFICES, LLC
Address: 343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 08Y-08026KW

Parcel I.D. #: 00488-065

Inst: 200812016219 Date: 9/2/2008 Time: 3:20 PM
Doc Stamp-Deed: 154.00
DC P DeWitt Cason, Columbia County Page 1 of 1 B:1157 P:1726

SPACE ABOVE THIS LINE FOR PROCESSING DATA

THIS WARRANTY DEED Made the 2nd day of September, A.D. 2008, by EARL M. STEWART,

SINGLE, hereinafter called the grantor, to CINDY L. KENT, SINGLE,
whose post office address is 1319 SE Spruce Road, Fort White, Florida 32038
hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in Columbia County, State of Florida, viz:

Lot 15, Block C, SPRING HILLS, according to the map or plat thereof as recorded in Plat Book 4, Page 33-33A, of the Public Records of Columbia County, Florida.

Subject to declaration of covenants, conditions and restrictions as recorded in Official Records Book 363 Page 374.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantee that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2008.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

[Signature]
Witness Signature

Gerald Truscott
Printed Name

[Signature]
Witness Signature

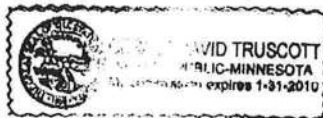
Erik Johnson
Printed Name

[Signature] J.S.
EARL M. STEWART
Address:
526 N. 27TH AVENUE W., DULUTH MN 55806

STATE OF MINNESOTA
COUNTY OF ST. LOUIS

The foregoing instrument was acknowledged before me this 2nd day of September, 2008, by EARL M. STEWART, who is known to me or who has produced MIN drivers license identification.

[Signature]
Notary Public
My commission expires 1/31/2010



FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160

Aug. 29 2008 03:00PM P1

* Go to DW to be
let in.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 8-29-08 BY LH IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? N

OWNERS NAME Cindy Kent PHONE _____ CELL _____

ADDRESS _____

MOBILE HOME PARK no SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 S, (L) Adams Rd, # 4th on the
(R) 302 on mailbox

MOBILE HOME INSTALLER ? PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Liberty YEAR 93 SIZE 14 x 80 COLOR White/Grey

SERIAL No. _____

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 () 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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 402 DATE 9-2-08

Permit Me Services
3104 S W Old Wire Rd
Ft White, FL 32038
Wendy Grennell Owner
386-288-2428 Cell
386-466-1866 Office / Fax

MOBILE HOME INSTALLER LIMIT POWER OF ATTORNEY

I, JOE TODD, license number I.H. 0000770 authorize Wendy Grennell to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property. Property located in Columbia County, State of Florida, a MARY or CINDY KENT

Mobile Home Owner Name: CINDY KENT

Property Owner Name: CINDY KENT

911 Address: 1289 SW SPROUCE RD City Ft White FL 32038

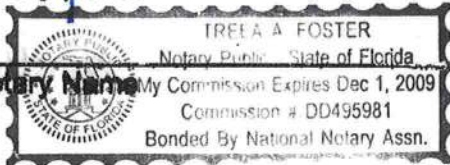
Sec: 3C Twp: 5S Rge: 15 Tax Parcel # 00488-065

Signed: Joe Todd
Mobile Home Installer

Sworn to and described before me this 9 day of Sept 20008

Laura A. Tate

Notary public



Notary Name

Personally known _____

DL ID _____

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: 9/5/2008 DATE ISSUED: 9/10/2008

ENHANCED 9-1-1 ADDRESS:

1289 SW SPRUCE RD
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

36-5S-15-00488-065

Remarks:

LOT 15 BLOCK C SPRING HILLS S/D

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.

LETTER OF AUTHORIZATION

Date: 9/12/08

Columbia County Building Department
P.O. Drawer 1529
Lake City, FL 32056

I JOE Todd, License No. TH 0000770 do hereby
Authorize Gary or Cindy Kent to pull and sign permits on my
behalf.

Sincerely,

Joe Todd

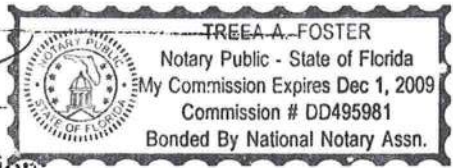
Sworn to and subscribed before me this 12 day of Sept, 2008.

Notary Public: Shirley A. Foster

My commission expires:

Personally Known

Produced Valid Identification: _____





0809-08

STATE OF FLORIDA
DEPARTMENT OF HEALTH

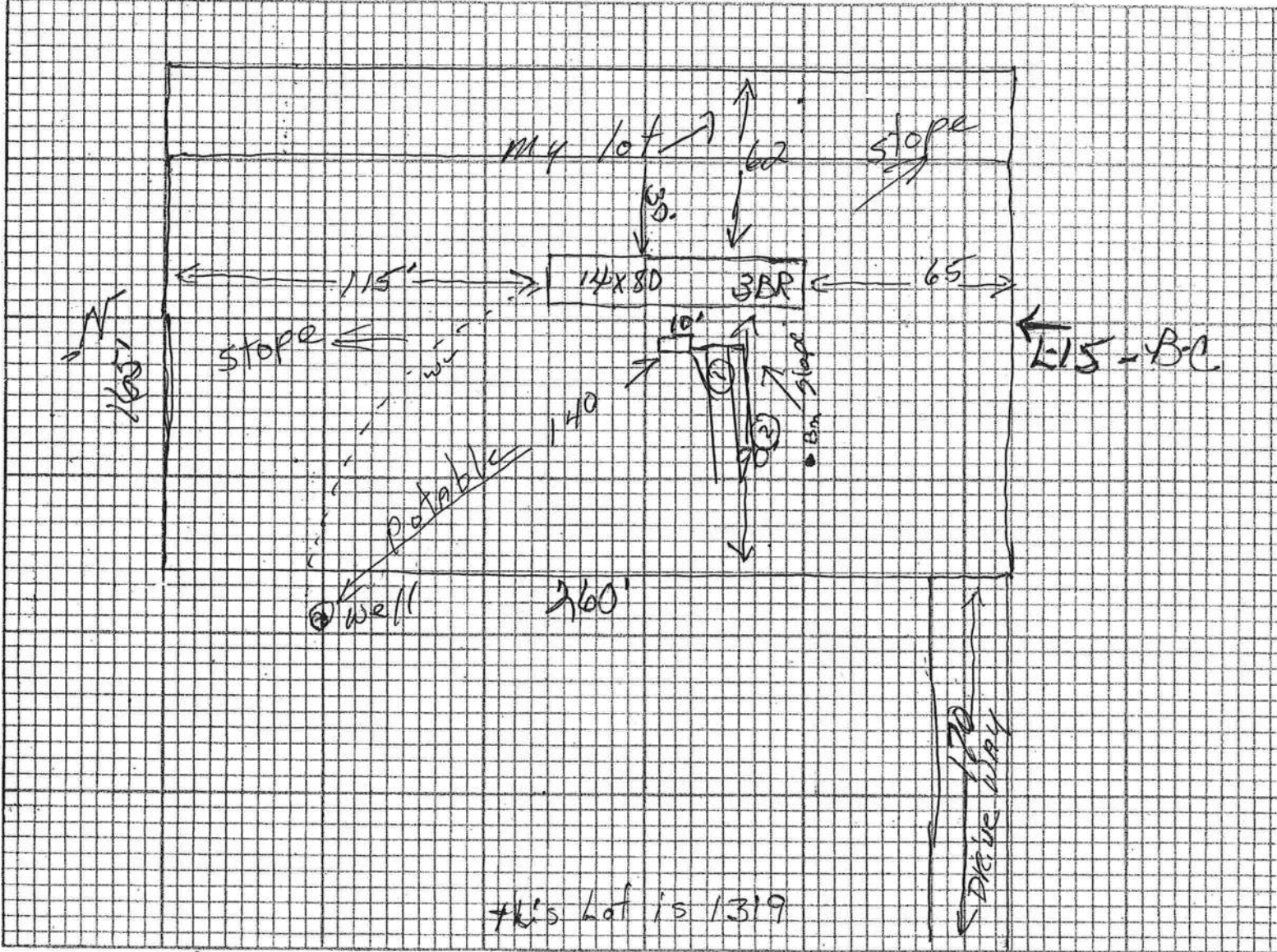
Kent

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0613

PART II - SITE PLAN

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



Notes: Both lots owned by Kent

Site Plan submitted by: [Signature]

Signature

Owner

Title

Plan Approved

Not Approved

Date 9/12/08

By [Signature]

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT