

DATE 12/13/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029058

APPLICANT WENDY GRENNELL PHONE 288-2428
ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038
OWNER MIKE MCCRAY PHONE 386-365-1750
ADDRESS 712 SE RACE TRACK RD LAKE CITY FL 32025
CONTRACTOR ROBERT SHEPPARD PHONE 623-2203
LOCATION OF PROPERTY 441 SOUTH, L RACE TRACK RD, 3RD DRIVE 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 AG-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 21-4S-17-08633-002 SUBDIVISION
LOT BLOCK PHASE UNIT 0 TOTAL ACRES 5.00

IH10253861
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor Wendy Grennell
EXISTING 10-0539 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

REPLACING EXISTING MH, SFD PERMIT 26807 EXPIRED- NO CONSTRUCTION DONE

Check # or Cash CASH

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 Insulation
 date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
 date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by date/app. by
Reconnection RV 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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 375.00
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 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 10.12.10 Building Official 1.C. 12-7-10
 AP# 1012-05 Date Received 12/6/10 By LAH Permit # 29058
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments Replacing existing MH, building permit for horse is void

FEMA Map# N/A Elevation N/A Finished Floor 1 1/2 in Rd River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 10-0539 ☐ 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 _____
☒ DECAL# _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 ☒ DE form
☒ IC ☒ App fee paid ☒ Pre Insp paid

Property ID # 21-45-17-08633-002 Subdivision N/A

- New Mobile Home _____ Used Mobile Home ☒ MH Size _____ Year 2002
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Michael McCray Phone# 386-365-1750
- 911 Address 712 SE Racetrack Lane Lake City 32025
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy

- Name of Owner of Mobile Home Michael McCray Phone # 386-365-1750
- Address 712 SE Racetrack Lane Lake City 32025
- Relationship to Property Owner same
- Current Number of Dwellings on Property _____
- Lot Size _____ Total Acreage 5

- 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
- Driving Directions to the Property 41 South to CR 133B (Racetrack Rd)
turn (L) to 712 on (R)

- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH1025386/1 Installation Decal # 2496

Called ↑ + c.
 In By Wendy 12-13-10

JW spoke w/ Wendy 12.10.10

PERMIT WORKSHEET

page 1 of 2

Installer Robert Sheppard License # FA 102538611
 Manufacturer _____ Length x Width 32x80
 Name of Owner of this Mobile Home Mike McCray
 Phone 365-1750
 Address 712 SE Racetrack Lane Lake City

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

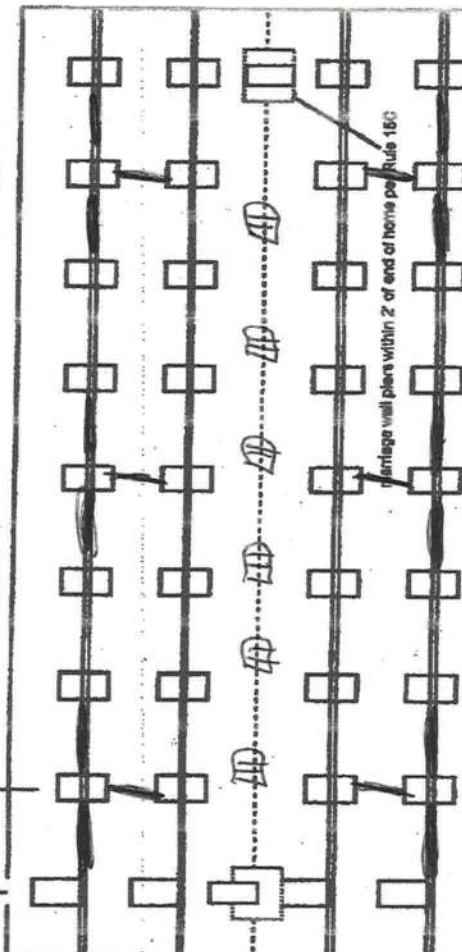
I understand Lateral Arm Systems cannot be used on any home (new or used)
 where the sidewall ties exceed 5 ft 4 in.

Installer's Initials RS

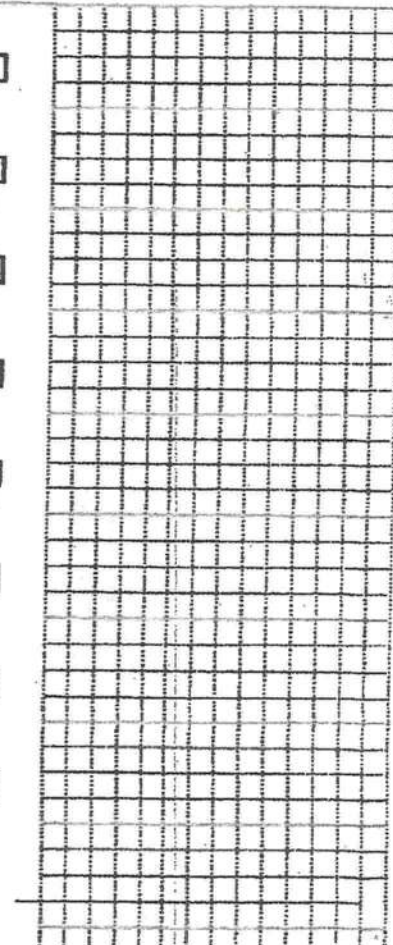
Typical pier spacing



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



Marriage wall piers within 2' of end of home per Rule 15C



New Home ☐ Used Home ☒ Year _____
 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 # 2460
 Triple/Quad ☐ Serial # 0069DA+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)
10,000 lbs	3'	4'	4'	4'	4'	4'	4'
15,000 lbs	4'	4'	4'	4'	4'	4'	4'
20,000 lbs	4'	4'	4'	4'	4'	4'	4'
25,000 lbs	4'	4'	4'	4'	4'	4'	4'
30,000 lbs	4'	4'	4'	4'	4'	4'	4'
35,000 lbs	4'	4'	4'	4'	4'	4'	4'

* Interpolated from Rule 15C pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25
 Perimeter pier pad size 17x25
 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

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

within 2' of end of home spaced at 6' 4" oc ☒

TIEDOWN COMPONENTS

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

OTHER TIES

Sidewall Number 26
 Longitudinal Marriage wall 6
 Shearwall 4

342
 Req.
 425
 provided

3867551031

p.2

Nov 27 10 11:23a Wendy Grennell

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1800 x 1800 x 1800

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 1900 x 1800 x 1800

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 6' 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 6 ft anchors are required at all centerline 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

Date Tested

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. 22

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 ☒ Swale ☒ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1495 Length: 5" Spacing: 16"
Walls: Type Fastener: 3495 Length: 4" Spacing: 16"
Roof: Type Fastener: 1495 Length: 6" Spacing: 16"
For used homes a min. 30 gauge, 3" 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 (weatherstripping, caulking)

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

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 ☒
Range downflow vent installed outside of skirting. Yes ☒ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒ N/A ☒
Electrical crossovers protected. Yes ☒
Other: ☐

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

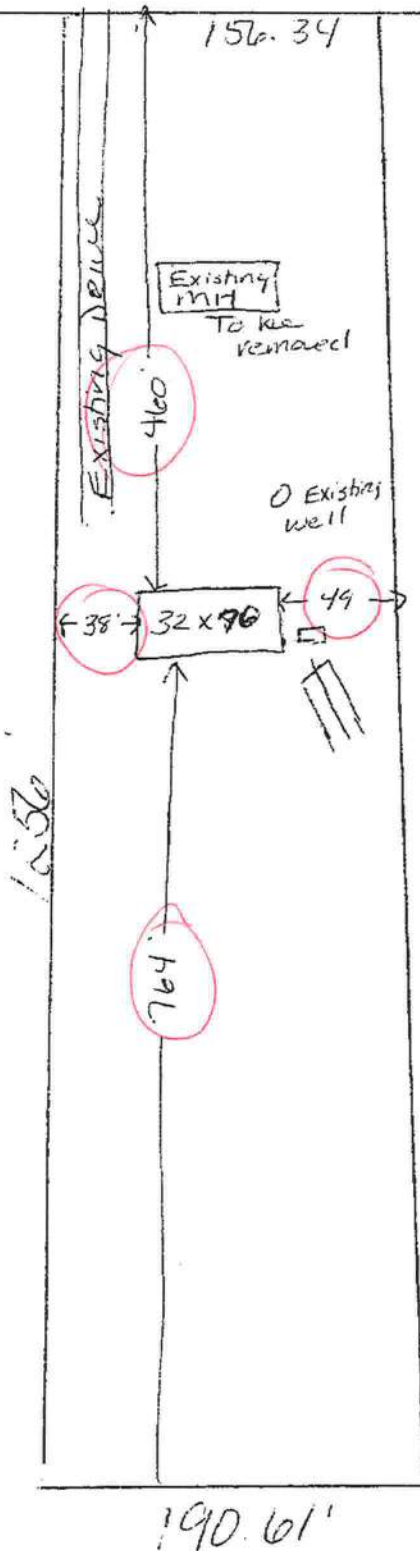
Installer Signature

Date 11-30-10

Michael McCray
App # 1012-05

CR 133B

Racetrack Lane

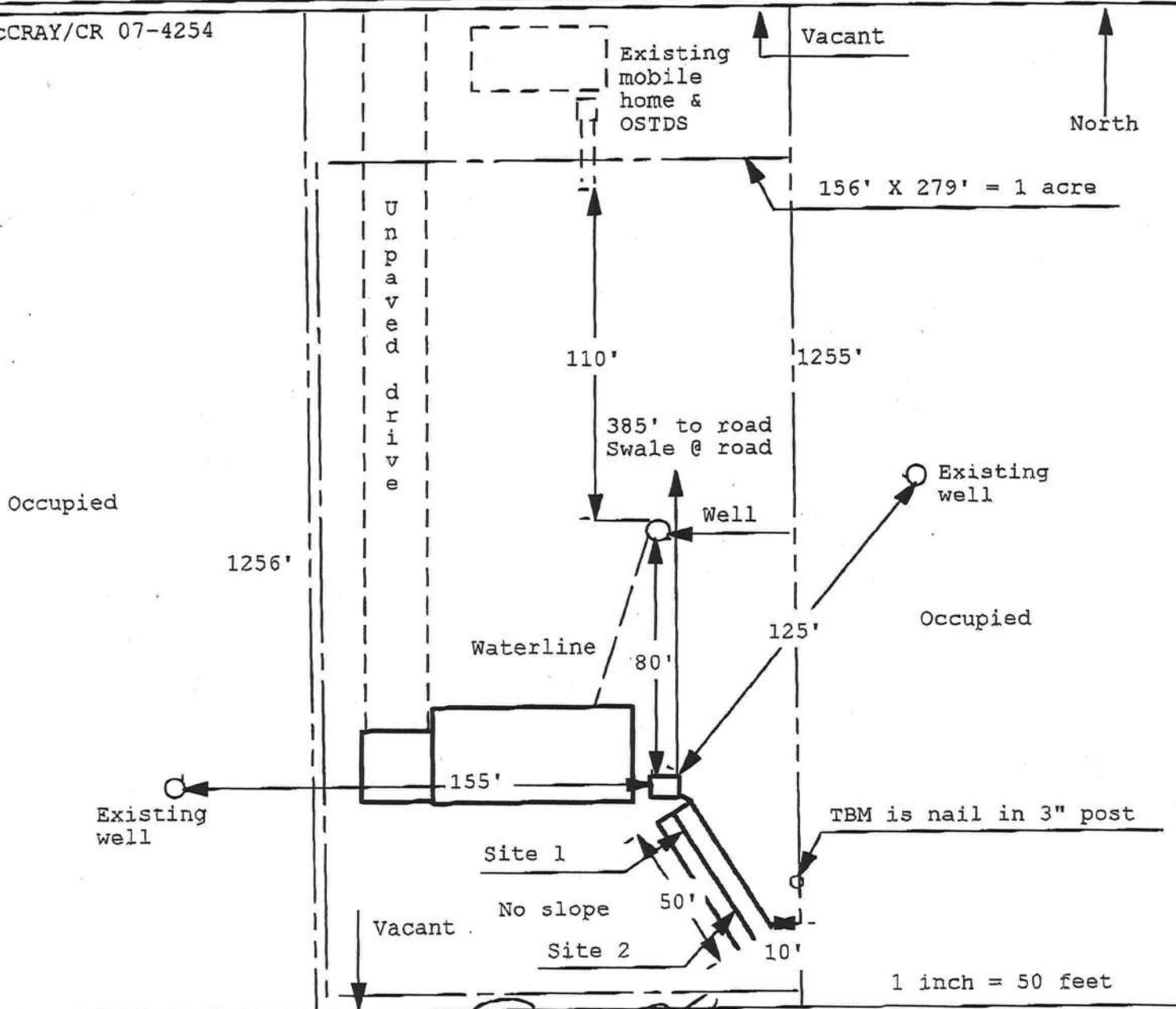


Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

MCCRAY/CR 07-4254



Site Plan Submitted
Plan Approved ☒

Not Approved ☐

Date _____

By _____

CPHU

Notes: _____

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

COMM SE COR OF SEC, RUN W
991.13 FT, N 1337.47 FT FOR
POB, CONT N 1255.52 FT TO S
R/W C-133-B, RUN W ALONG R/W

MCCRAY MICHAEL TOREY
712 SE RACETRACK LN
LAKE CITY, FL 32025

21-4S-17-08633-002

Columbia County 2010 R

CARD 001 of 001

PRINTED 10/11/2010 10:49

BY JEFF

APPR 6/16/2005 TW

[illegible]

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
Y		0294	SHED WOOD/VI	10	16		1	1993	1.00		1.000	UT	400.000			400.000			100.00		400

[illegible]

B001 - SPRI MH

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard 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.

ELECTRICAL ✓	Print Name <u>Michael McCray</u> License #: <u>owner</u>	Signature <u>Michael T. McCray</u> Phone #: <u>386-365-1750</u>
MECHANICAL/A/C ✓	Print Name <u>Michael McCray</u> License #: <u>owner</u>	Signature <u>Michael T. McCray</u> Phone #: <u>386-365-1750</u>
PLUMBING/GAS ✓	Print Name <u>Robert Sheppard</u> License #: <u>IH 102538611</u>	Signature <u>Robert Sheppard</u> Phone #: <u>386-623-2203</u>
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-Contractor's Printed Name	Sub-Contractor's 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			

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 INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, Robert Sheppard, license number IH 1025 38611
Please Print

do hereby state that the installation of the manufactured home for Mike McCray
Applicant
at 712 SE Racetrack Lane
911 Address

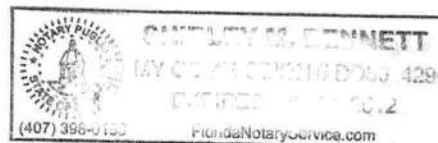
will be done under my supervision.

Robert Sheppard
Signature

Sworn to and subscribed before me this 20 day of November,
2010.

Notary Public: Shirley M. Bennett
Signature

My Commission Expires: 7-8-12
Date



PERMANENT MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12-6-10 BY LM 10/2-05
IS THE MOBILE HOME ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNER'S NAME Michael McCray PH 02 CELL 386-365-1750
ADDRESS 712 SE Raceback Lane Lake City FL 32025
MOBILE HOME PARK N/A SUBDIVISION N/A
DRIVING DIRECTIONS TO MOBILE HOME 41 South to CR 133B turn (L)
to 712 on (R)

MOBILE HOME INSTALLER Robert Sheppard PHONE 386-752-4292 CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2002 SIZE 33 x 80 COLOR light gray
SERIAL NO. 00690 A-B

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 () IMPERABLE
☒ PLUMBING FIXTURES () OPERABLE () IMPERABLE () 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]

NUMBER 402

DATE 12-7-10

WJMS Signature

Summary

Witness, Print & Signature

Հայկ. Տնտեսական

KARET: 9:00?

Witness Printed Signature:

The foregoing instrument was acknowledged before me this 28th day of December, 1974, by Sandra J. Sieg, a single person who produced _____ as identification and who did not take _____

Secretary Public, State and County Alcohol and

County Signature _____

(Title or Rank)

N. 4415 Printed Signature

KAREN SPONG

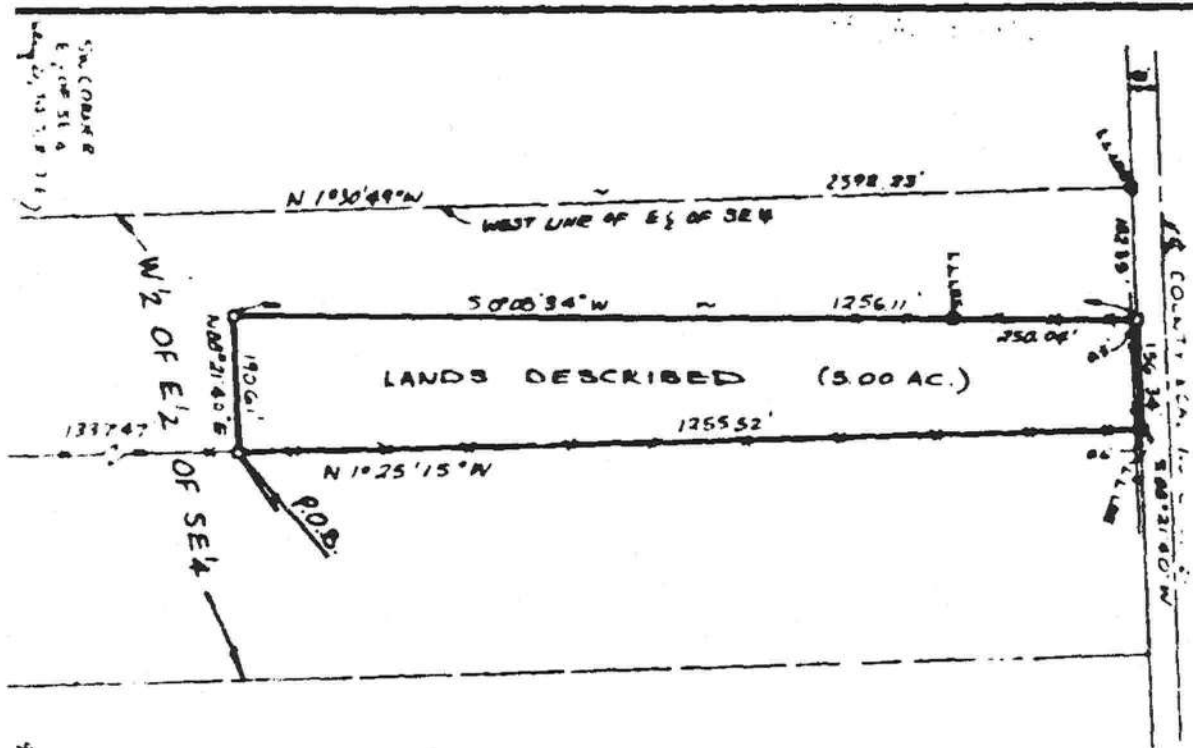
Q. 1090. 3437 EXPLOS

1954年 5月 1日

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

(Serial No., if any)

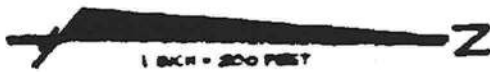
790 1646



NOTES
 1. BEARINGS REJECTED FROM CALCULATION OF COUNTY ROAD
 NO C-1133 AS PER PLAN BY L.L.H. DATED 10-5-82

CERTIFIED TO:
 S. MALEKIAN AND MICHAEL TOREY MCGRAY
 TRI-COUNTY TITLE SERVICES OF LANE CITY, INC.
 T.A. TITLE INSURANCE CO.

LEGEND
 4"x4" CONCRETE MONUMENT PERIOD AS NOTED
 4"x4" CONCRETE MONUMENT SET (P.S. 4808)
 FIELD FENCE



THIS ORIGINAL IS
 OF POOR LEGIBILITY

9/1/82
 S.E. CORNER
 TAC 20, 70, 10, 11 E

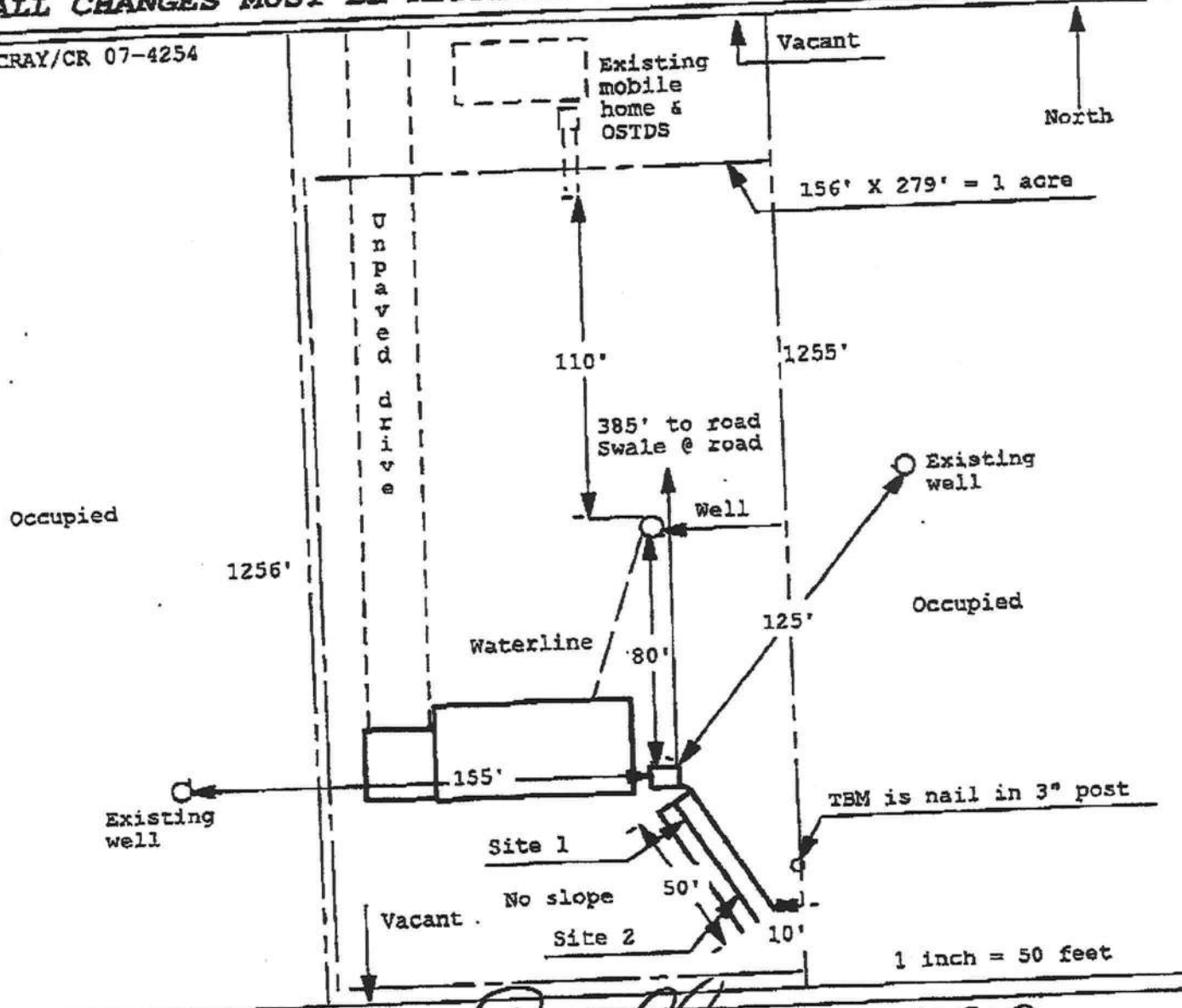
McCray App # 1012-05

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 10-0539

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

MCCRAY/CR 07-4254



Site Plan Submitted By Paul L. Lee
Plan Approved X Not Approved

Date 12/31/10

By Salhi Terrel Director

Columbia GAO

Notes: See attached for full dimensions



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

McCray
App # 1012-05

PERMIT #: 12-SC-1290466
APPLICATION #: AP986442
DATE PAID: 12-6-10
FEE PAID: 90.00
RECEIPT #: 1540950
DOCUMENT #: PR828746

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: MICHAEL**10-0539 MCCRAY
PROPERTY ADDRESS: 712 SE RACETRACK Ln Lake City, FL 32025
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 08633-002 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 391.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS # [] DOSES PER 24 HRS #Pumps []

D [500] SQUARE FEET drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: nail in 3" post east of system site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [40.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [2.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

C
T
H
E
R
The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 54E-6.013(3)(f), FAC.

SPECIFICATIONS BY: Paul Lloyd TITLE: PSE

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 12/09/2010 EXPIRATION DATE: 06/09/2012

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC Page 1 of 3

COLUMBIA COUNTY, FLORIDA

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 21-4S-17-08633-002

Building permit No. 000029058

Permit Holder ROBERT SHEPPARD

Owner of Building MIKE MCCRAY

Location: 712 SE RACE TRACK RD, LAKE CITY, FL 32025

Date: 01/28/2011



Ray

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)