

Serial #

3735

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LN Building Official JWA
 AP# 1901-05 Date Received 1-3-19 By LN Permit # 37745
 Flood Zone X Development Permit _____ Zoning RSF2 Land Use Plan Map Category RLD
 Comments _____
 FEMA Map# _____ Elevation _____ Finished Floor 1' above River _____ In Floodway _____
 Recorded Deed or Property Appraiser PO Site Plan EH # 19-0011 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 # 28-35-16-02376-000 Subdivision FIVE ASH FOREST Lot# 12

- New Mobile Home Used Mobile Home _____ MH Size 28X48 Year 2019
- Applicant Patricia Bowden Phone # 386-303-2491
- Address 337 SW TOMPKINS ST LAKE CITY FL 32024
- Name of Property Owner FIVE ASH FOREST LLC Phone# 386-303-2491
- 911 Address 266 NW WILLOWBROOK GLN LAKE CITY FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home LOUIS / DEBORA COBB Phone # 386-466-8893
- Address 266 NW WILLOWBROOK GLN LAKE CITY FL 32055
- Relationship to Property Owner TENANT
- Current Number of Dwellings on Property 22
- Lot Size 75' X 150' Total Acreage 36
- 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
- Driving Directions to the Property HWY 90 WEST TURN RIGHT ON BROWN RD. GO 1/2 MILE TURN RIGHT ON TURNBERRY DR. ENTER PARK TURN RIGHT ON WILLOWBROOK GLN. HOME IS SECOND TO LAST ON RIGHT LOT 12.
- Name of Licensed Dealer/Installer RONNIE NORRIS Phone # 386-623-7716
- Installers Address 1004 SW CHARLES TERR. LAKE CITY FL 32024
- License Number JH102514511 Installation Decal # 56381



LN-Spolu to Mark 1-22-19

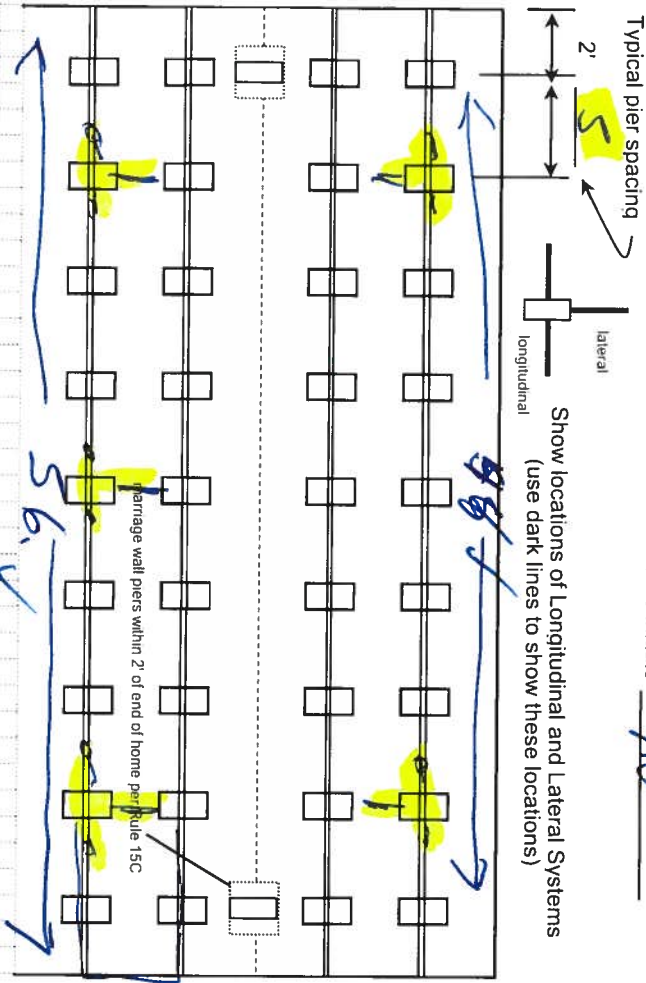
Mobile Home Permit Worksheet

Installer: Romina Work's License # I H11035145
 Address of home _____
 being installed _____

Manufacturer SABOSEN Length x width 24 x 36

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 RW



See Attached Diagram of porch

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 # 56381

Triple/Quad Serial # JACFEL00972 AB

Load bearing capacity (sq ft)	Footer size (256)	18 1/2" x 18 (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'
2000 psf	4' 6"	6'	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 12x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 16x16

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
18 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

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

5 16x16 4 ft 5 ft 5sqft

4 16x16

4 16x16

TIEDOWN COMPONENTS

LONGITUDINAL STABILIZING DEVICE (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer _____

OTHER TIES

Number _____

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1800 psi 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 1800 X 1800 X 1800

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Smith
 Date Tested 12-4-08
 Installer's initials JS

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
 Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: 1/2" Length: 6" Spacing: 24"
 Walls: Type Fastener: 1/2" Length: 6" Spacing: 16"
 Roof: Type Fastener: 1/2" Length: 4" Spacing: 16"
 For used homes: 2 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 JS

Type gasket JS
 Pg. _____
 Installed: Between Floors Yes JS
 Between Walls Yes JS
 Bottom of ridgebeam Yes JS

Weatherproofing

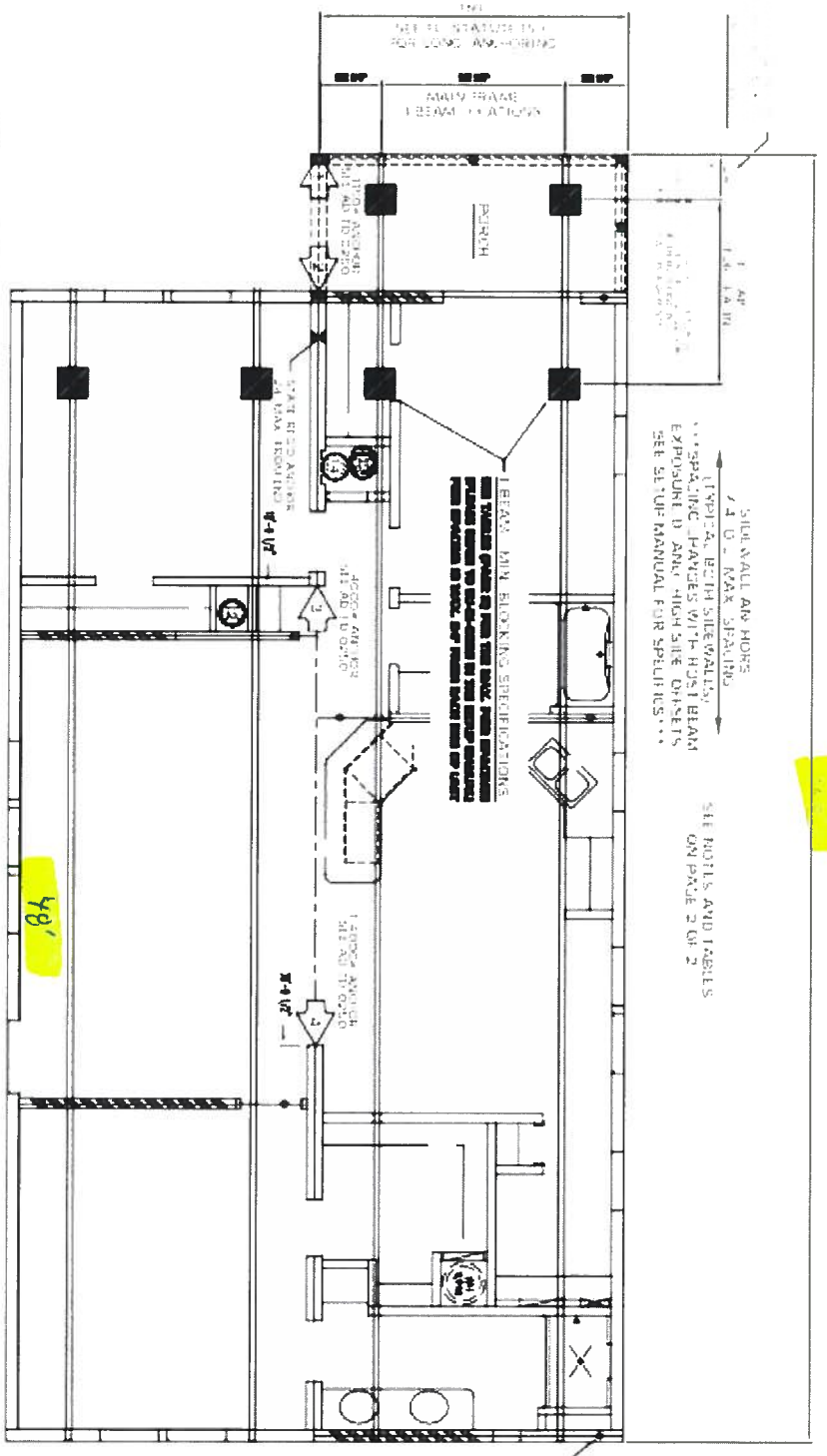
The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
 Siding on units is installed to manufacturer's specifications. Yes _____
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

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 James Smith Date 12-4-08



SEE WALL ANCHORS
 4.4 O.C. MAX. SPACING
 (TYPICAL, BOTH SIDES)
 EXPANDING JOINTS WITH HOST BEAM
 EXPOSED TO AND HIGH FIRE RISKS
 SEE SETUP MANUAL FOR SPECIFICS

SEE NOTES AND TABLES
 ON PAGE 2 OF 2

SEE NOTES AND TABLES
 ON PAGE 2 OF 2

BEAM BLOCKING SHALL BE INSTALLED AT ALL JOINTS AND AT ALL POINTS OF CONTACT WITH THE HOST BEAM. THE BEAM BLOCKING SHALL BE INSTALLED IN ACCORDANCE WITH THE SETUP MANUAL FOR SPECIFICS.

SEE NOTES AND TABLES ON PAGE 2 OF 2
 SEE WARNINGS AND CAUTIONS ON PAGE 2

FOR MORE INFORMATION, CONTACT:
 JACOBSEN HOMES
 1844 O.C. MAX. STRAP SPACING
 (150W STRAP) OR DOWN STRAPS

HOST BEAM - SPECIAL STRAPPING
 AND SPECIAL BLOCKING REQUIRED
 4.5 O.C. MAX. SPACING BLOCKS & STRAPS
 REFER TO SU OF 0020 FOR
 ADD'L PIER REQUIREMENTS

1844 O.C. MAX. STRAP SPACING
 (150W STRAP) OR DOWN STRAPS

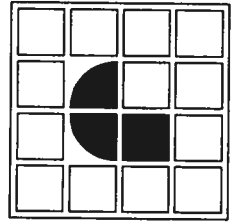
JACOBSEN HOMES	3
DATE	12/15/2020
PROJECT	1844 O.C. MAX. STRAP SPACING

JACOBSEN HOMES
 1844 O.C. MAX. STRAP SPACING
 (150W STRAP) OR DOWN STRAPS
 www.jacobshomes.com

REFER TO THE JACOBSEN HOMES SETUP MANUAL AND
 ALTERNATIVE FOR COMPLETE INSTALLATION INSTRUCTIONS
 HUD WIND ZONE - 3
 HUD WIND EXPOSURE CATEGORY - C
 PAGE 1 OF 2

REFER TO SU OF 0020, SU OF 0001 AND OTHER DETAILS IN THE SETUP MANUAL FOR MAXIMUM HEIGHT
 THIS IS NOT DESIGNED FOR INTENDED TO BE A SLIT FOUNDATION.

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED SET UP
 CONTRACTOR SHALL VERIFY THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED
 SET UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.



JACOBSEN HOMES
 PO BOX 368, 600 PACKARD CT.
 SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jacobshomes.com

REFER TO AD-TD-0250 THROUGH AD-TD-0254 FOR COLUMN ANCHOR SIZES.

COLUMN INFO. TABLE			COLUMN PAD - MIN. SIZES (sq. in.)					
COL. NUM.	SPAN	LOAD (lb FOUNDATION)	1000	1500	2000	2500	3000	3500
			per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.
1	18'-9"	5215	751	501	375	300	300	300
2	18'-9"	5215	751	501	375	300	300	300
3	0"	0	0	0	0	0	0	0
4	0"	0	0	0	0	0	0	0
5	0"	0	0	0	0	0	0	0
6	0"	0	0	0	0	0	0	0
7	0"	0	0	0	0	0	0	0
8	0"	0	0	0	0	0	0	0
9	0"	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0

N10 = SEE NOTE 10.
 REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.

MINIMUM PIER PAD SIZE (sq. in.)	1-BEAM PIER SPACING						MATING LINE PIER SPACING						PERIMETER PIER SPACING					
	1000	1500	2000	2500	3000	3500	1000	1500	2000	2500	3000	3500	1000	1500	2000	2500	3000	3500
	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.	per sq. ft.
A	256 sq. in.	30	48 1/2	66 1/2	85	103*	96	96	96	96	96	96	96	96	96	96	96	96
B	342.25 sq. in.	42	66 1/2	90 1/2	115*	N10	96	96	96	96	96	96	96	96	96	96	96	96
C	396 sq. in.	49	77 1/2	105 1/2*	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
D	400 sq. in.	49 1/2	78 1/2	107 1/2*	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
E	432.875 sq. in.	54	85	115*	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
F	576 sq. in.	74	115*	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
G	676 sq. in.	87 1/2	N10	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96

WARNING:
 INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

CAUTION:
 MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

NOTES:

- REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
- REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERS CAN BE RELOCATED AND/OR SPANS INCREASED PER THE SETUP MANUAL.
- REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.
- REFER TO THE APPROVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS.
- REFER TO AD-TD-100 FOR SHEARWALL APPLICATIONS AND THE DOINGS.
- REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL BE LOCATED WITHIN 8" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED ALONG THE MATING LINE. SEE THE SETUP MANUAL FOR SPECIFICS.
- ALL 184" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING.
- ALL 216" FLOOR SYSTEMS WIDER THAN 144" REQUIRE PERIMETER AND MATING LINE BLOCKING.
- ANY SIDEWALL AREA WITH A HOIST BEAM OR A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48" O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION. REFER TO THE JACOBSEN HOMES SETUP MANUAL FOR SPECIFICS (SEE SU-01-0005 AND SU-01-0008). WHEN THE ATTACHED STRUCTURE HAS FROTH WALL CONSTRUCTION OR IS DESIGNED AND CONSTRUCTED TO BE SELF SUPPORTIVE, THESE ADDITIONAL PIERS AND ANCHORS ARE NOT REQUIRED.
- MAX. PIER SPACING ON 8" I-BEAM IS 96". MAX. PIER SPACING ON 10" OR 12" I-BEAM IS 120". SEE NOTE 4 ON PAGES SU-01-0005 THROUGH SU-01-0008.

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FLUD WIND ZONE - 3
 FLUD WIND EXPOSURE CATEGORY - C

PAGE 2 OF 2

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 12/14/2018

Parcel: << **28-3S-16-02376-000** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	FIVE ASH FOREST LLC 337 SW TOMPKINS ST LAKE CITY, FL 32024		
Site	441 TURNBERRY DR, LAKE CITY		
Description*	COMM AT NW COR OF MAGNOLIA HILLS, RUN N 1122.85 FT, E 700 FT, N 200 FT, E 562.46 FT, S 1337.12 FT, W 1278.04 FT TO POB. ORB 433-304, WD 1004-584, CWD 1056-1951. WD 1070-49.		
Area	36 AC	S/T/R	28-3S-16
Use Code**	IMP AG/MH/ (005028)	Tax District	2

*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

2018 Certified Values		2019 Working Values	
Mkt Land (1)	\$118,428	Mkt Land (1)	\$118,428
Ag Land (1)	\$5,423	Ag Land (1)	\$5,423
Building (1)	\$14,577	Building (1)	\$14,577
XFOB (5)	\$242,553	XFOB (5)	\$242,553
Just	\$447,441	Just	\$447,441
Class	\$380,981	Class	\$380,981
Appraised	\$380,981	Appraised	\$380,981
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$380,981	Assessed	\$380,981
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$380,981 city:\$380,981 other:\$380,981 school:\$380,981	Total Taxable	county:\$380,981 city:\$380,981 other:\$380,981 school:\$380,981



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
12/30/2005	\$135,100	1070/0049	WD	I	U	01
1/7/2004	\$324,000	1004/0584	WD	I	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	OFFICE LOW (004900)	1960	600	762	\$14,577

*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.

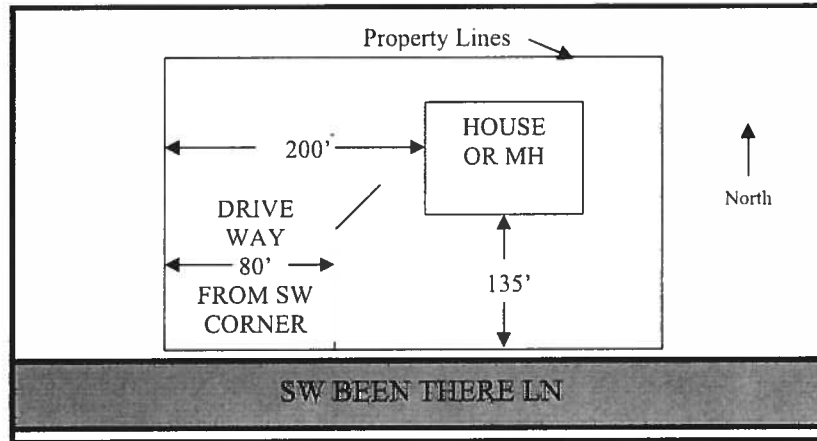
Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0259	MHP HOOKUP	2007	\$153,510.00	51.000	0 x 0 x 0	AP (030.00)
0260	PAVEMENT-A	2007	\$31,080.00	24000.000	800 x 30 x 0	AP (030.00)
0260	PAVEMENT-A	2007	\$5,594.00	4320.000	2160 x 2 x 0	AP (030.00)
0260	PAVEMENT-A	2007	\$49,210.00	38000.000	9500 x 4 x 0	AP (030.00)

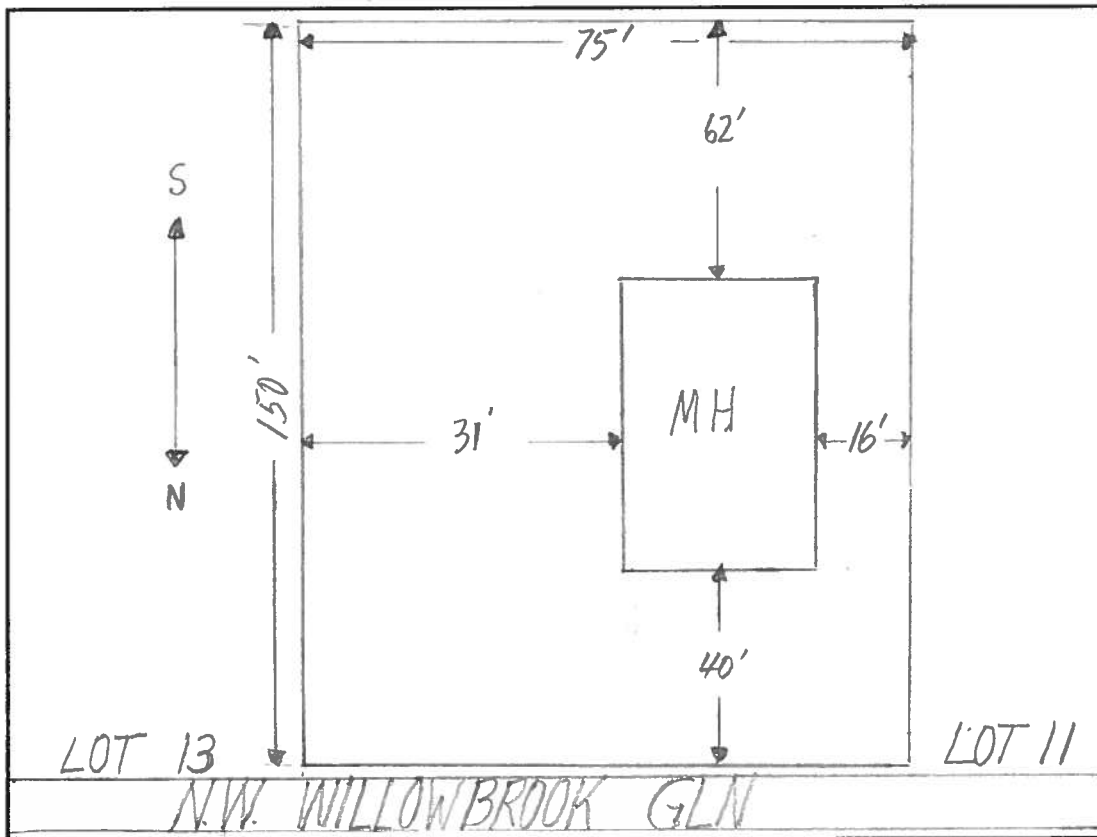
Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:





	454	281	280
441	440	267	266
427	426	253	252
413	412	239	238
397	396	225	224
385	384	211	210
371	370	195	194
355	354	181	180
341	340	167	166
327	324	153	152
313	312	139	138
299	298	125	124
285	284	111	110

TURNBERRY DRIVE

WILLOWBROOK GLEN

911 ADDRESS



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1901-05 CONTRACTOR Ronald Norris PHONE _____

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 ✓ 1074</p>	<p>Print Name <u>Whittington Electric</u> License #: <u>EC1300 2957</u></p>	<p>Signature <u>[Signature]</u> Phone #: <u>386-972-1700</u></p>
<p align="center">Qualifier Form Attached <input type="checkbox"/></p>		
<p>MECHANICAL/ A/C <u>5</u> ✓ 950</p>	<p>Print Name <u>Michael Boland / ACEAIR</u> License #: <u>CAC 1817716</u></p>	<p>Signature <u>[Signature]</u> Phone #: <u>352-274-9326</u></p>
<p align="center">Qualifier Form Attached <input type="checkbox"/></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 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, Ronnie Norris, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
PATTI GOODSM	<i>Patti Goodsm</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

Ronnie Norris
 License Holders Signature (Notarized) 2H1025145/1 12-4-18
 License Number Date

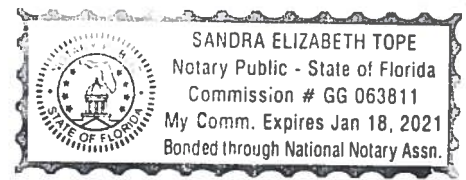
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 4 day of December, 2018.

Sandra Elizabeth Tope
 NOTARY'S SIGNATURE

(Seal/Stamp)

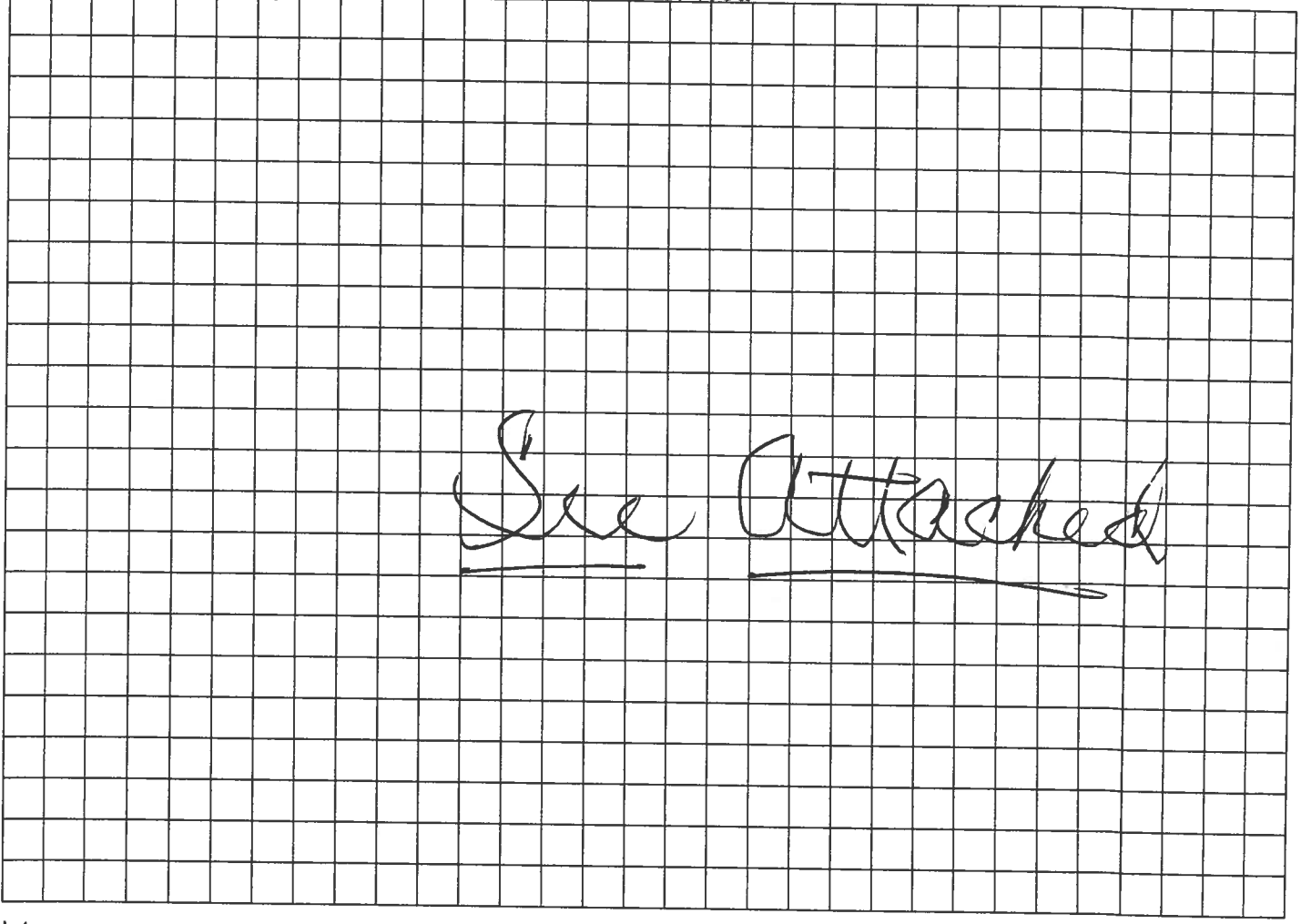


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0011

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

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



Notes: _____

Site Plan submitted by: Patricia Goodman
Plan Approved _____ Not Approved _____ Date 1/8/19
By [Signature] ES Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0011
DATE PAID: 1-4-19
FEE PAID: 60.00
RECEIPT #: 1391063

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: MARK S. GOODSON

AGENT: OWNER

TELEPHONE: 386 303 2491

MAILING ADDRESS: 337 SW TOMPKINS ST LAKE CITY FL 32024

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

LOT: 12 BLOCK: _____ SUBDIVISION: FIVE ASH FOREST PLATTED: _____

PROPERTY ID #: 28-35-16-02376-000 ZONING: _____ I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: 36 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 266 NW WILLOWBROOK GLN LAKE CITY FL 32055

DIRECTIONS TO PROPERTY: HWY 90 WEST TO BROWN RD. TURN RIGHT GO 1/2 MILE TO TURNBERRY DR. TURN RIGHT ENTER PARK TURN RIGHT ON WILLOWBROOK GLN. LOT 12 IS SECOND TO LAST LOT ON RIGHT.

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE/MULTI FAM</u>	<u>3</u>	<u>1344</u>	
2				
3				
4				

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

SIGNATURE: Mark S. Goodson DATE: 1-2-19