

DATE 02/05/2013

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000030764

APPLICANT BRANDY COOPER PHONE 386.628.7404
ADDRESS 274 NW TURNR ROAD LAKE CITY FL 32055
OWNER CONSTANCE BERRY(BRANDY COOPER M/H) PHONE 850.213.6420
ADDRESS 233 NW STARLING TERRACE LAKE CITY FL 32055
CONTRACTOR ROBERT SHEPPARD PHONE 386.623.2203
LOCATION OF PROPERTY 90-W TO TURNER,TR TO ASH,TL @ THE VERY END,TR ONTO
STARLING,2ND.LOT ON R.
TYPE DEVELOPMENT M/H/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 21-3S-16-02240-004 SUBDIVISION PINE RIDGE
LOT 4 BLOCK PHASE UNIT TOTAL ACRES 0.73

IH1025386
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 12-0435-E BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: SECTION 2.3.1..REPLACING MH.
1 FOOT ABOVE ROAD.

Check # or Cash CASH REC'D.

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 51.36 WASTE FEE \$ 134.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 560.36

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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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.

* JW spoke w/ Robert

SERIAL # DATA SHEET

\$560.36
A1

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 04 Oct 2012 Building Official T.C. 10-4-12

AP# 1209-62 Date Received 9-27-12 By UH Permit # 30764

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

Comments Section 2.3.1 Replacing ~~existing~~ MH

FEMA Map# N/A Elevation N/A Finished Floor 11' above BL River N/A In Floodway N/A

Site Plan with Setbacks Shown EH # 12-0435E EH Release Well letter Existing well CITY WATER

Recorded Deed or Affidavit from land owner Installer Authorization State Rd Access 911 Sheet

Parent Parcel # _____ STUP-MH _____ F W Comp. letter App Fee Pd. VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ Out County In County w/cond. 2.11/12

Road/Code _____ School _____ = TOTAL Suspended March 2009 Ellisville Water Sys

Property ID # 21-35-16-02240009 Subdivision PINE RIDGE - LOT 9

▪ New Mobile Home _____ Used Mobile Home MH Size 28x56 Year 1999

▪ Applicant BRANDY COOPER Phone # 386 628-7409 ¹⁹⁹⁷

▪ Address 274 NW TURNER AVENUE, L.C., FL 32055 ^{per Date plate}

verified ▪ Name of Property Owner CONSTANCE BEARD Phone# 850.213-6420

▪ 911 Address 233 NW STARLING TERRACE, L.C., FL 32055

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

▪ Name of Owner of Mobile Home BRANDY COOPER Phone # 386-628-7409-call

Address 274 NW TURNER AVENUE, L.C., FL 32055

▪ Relationship to Property Owner BUYER

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage .73

▪ 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 ¹⁹⁹⁹ - OWES

▪ Driving Directions to the Property 90-W TO TURNER, TR TO ASN, TL TO THE VERY END, TR TO STARLING, TR - 2ND LOT ON RIGHT.

▪ Name of Licensed Dealer/Installer ROBERT SHEPHERD Phone # 623-2203

▪ Installers Address 6355 SE CR 275, L.C., FL 32075
▪ License Number IA-1025386 Installation Decal # 27984

JW tried to call VM NOT SET UP AND ANSWER 10.5.12
Spoke to Brandy 10-5-12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

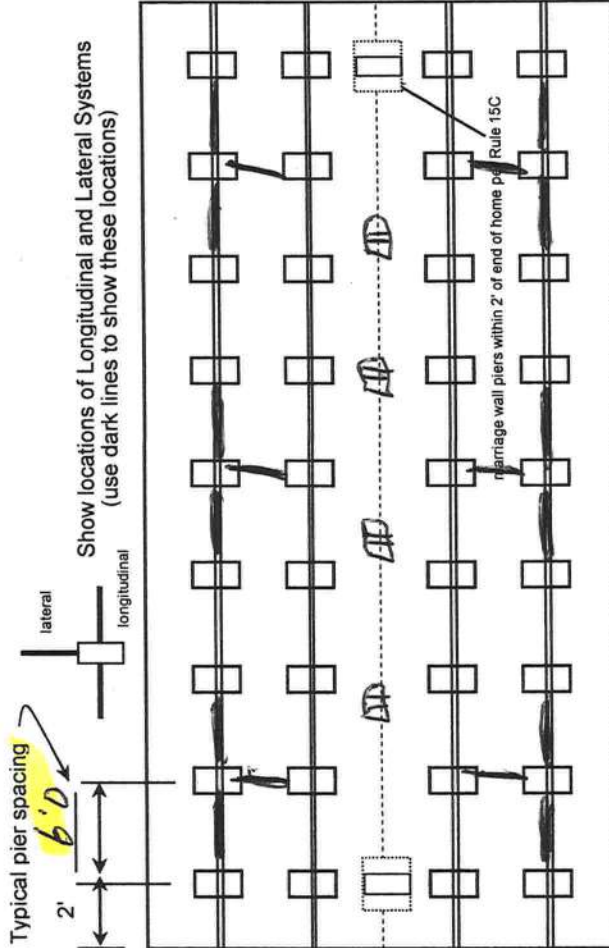
Installer Robert Sheppard License # IF1025386

911 Address where home is being installed. 233 NW Utilities Avenue

Manufacturer Fleewood Length x width 28x56

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



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 # 27989

Triple/Quad Serial # G1MHGA1469613487 A19

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 dsf	3'	3'	4'	5'	6'	7'	8'
1500 dsf	4.6"	4.6"	6'	7'	8'	8'	8'
2000 dsf	6"	6"	8'	8'	8'	8'	8'
2500 dsf	7.6"	7.6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	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 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 _____

4 ft 5 ft _____

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 01ver-1101V

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

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 _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf here if you are declaring 1000 lb. soil without testing.

x 1600 x 1700 x 1700

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 1600 x 1700 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 9-27-12

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. 29

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 5" Spacing: 16"
Walls: Type Fastener: screws Length: 4" Spacing: 16"
Roof: Type Fastener: lags Length: 6" Spacing: 16"
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 Form

Pg. 22

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 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

Installer Signature Robert Sheppard Date 9-27-12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1209-62 CONTRACTOR Robert Sheppard PHONE 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>Brandy Cooper</u> License #:	Signature <u>Brandy Cooper</u> Phone #: <u>386-628-7404</u>
MECHANICAL/ A/C	Print Name <u>↓</u> License #:	Signature <u>↓</u> Phone #:
PLUMBING/ GAS	Print Name <u>ROBERT SHEPPARD</u> License #: <u>JA 1025386</u>	Signature <u>Robert Sheppard</u> Phone #: <u>386.752.9292</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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

only, 233 NW STARDING TERRACE, 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)
Branly Cooper	<i>Branly Cooper</i>	<input checked="" 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.

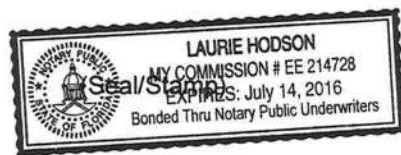
Robert Sheppard License Holders Signature (Notarized) JH1025386 License Number 9-27-12 Date

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.) _____ on this 27th day of SEPTEMBER, 2012.

L. Hodson
 NOTARY'S SIGNATURE



Return to (enclose self addressed stamped envelope)

Name
Address

This Instrument Prepared by
Name **BK 0835 PG 1325**

Address
OFFICIAL RECORDS

Property Appraiser Parcel Identification
Folio Number(s)
Grantor(s) S.S. #

97-02698

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY

1997 FEB 28 PM 2:57

RECORDED BY
**CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY: MCK**

**SUBRENTARY STAMP \$112.00
INTANGIBLE TAX
& DeWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 28TH day of FEBRUARY, 1997, by

JOHN H. BEURY JR. AND WIFE, MARJORIE J. BEURY

first party, to CONSTANCE SUE BEURY, SINGLE

whose post office address is RT 17 BOX 299, LAKE CITY, FL. 32055

second party.

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and their legal representatives and assigns of individuals and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, T the first party, for and in consideration of the sum of \$ CASH OF LOVE in hand paid to the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of COLUMBIA State of FLORIDA, to-wit:

LOT 4, PINE RIDGE, a subdivision as recorded in Plat Book 4, Pages 102-102A, Public Records of Columbia County, Florida.

TOGETHER WITH Doublewide Mobile Home located thereon with ID Numbers 32620219AY and 32620219BY.

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

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

Signed, sealed and delivered in the presence of:

Evelyn C. Justice
Witness Signature (as to first Grantor)

Evelyn C. Justice
Printed Name

Patricia A. Perry
Witness Signature (as to first Grantor)

Patricia A. Perry
Printed Name

Evelyn C. Justice
Witness Signature (as to Co-Grantor, if any)

Evelyn C. Justice
Printed Name

Patricia A. Perry
Witness Signature (as to Co-Grantor, if any)

Patricia A. Perry
Printed Name

Florida
STATE OF

Columbia
COUNTY OF

John H. Beury Jr + Marjorie H. Beury

John H. Beury Jr
Grantor Signature

JOHN H. BEURY JR.
Printed Name

RT 13 Box 331-8, Lake City, FL 32055
Post Office Address

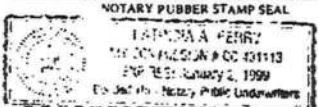
Marjorie J. Beury
Co-Grantor Signature, if any

MARJORIE J. BEURY
Printed Name

RT 13 Box 331-8, Lake City, FL 32055
Post Office Address

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the persons described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, and an oath was not taken. (Check one) Said person(s) is/are personally known to me. Said person(s) provided the following type of identification: Blco-468-34-161-0 and Blco-548-33-719-0



Witness my hand and official seal in the County and State last aforesaid
this 28th day of Feb, A.D. 1997
 Patricia A. Perry
Notary Public
 Patricia A. Perry
Printed Name

Columbia County Property Appraiser

CAMA updated: 8/2/2012

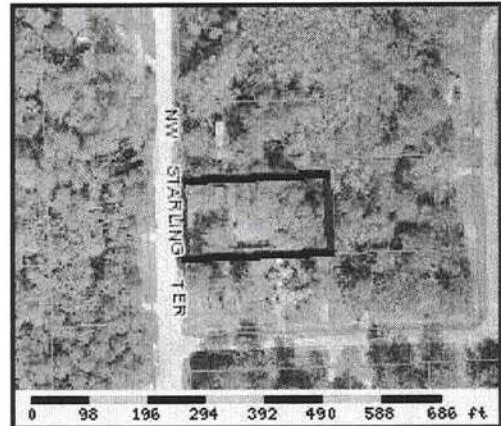
2011 Tax Year

Parcel: 21-3S-16-02240-004

Search Result: 1 of 1

Owner & Property Info

Owner's Name	BEURY CONSTANCE		
Mailing Address	702 OAK AVE PANAMA CITY, FL 32401		
Site Address	OAK AVE		
Use Desc. (code)	VACANT (000000)		
Tax District	2 (County)	Neighborhood	21316
Land Area	0.730 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
<small>LOT 4 PINE RIDGE S/D. ORB 618-471, 783-1581, 808-1711, 835-1325.</small>			



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$10,875.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$10,875.00
Just Value		\$10,875.00
Class Value		\$0.00
Assessed Value		\$10,875.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$10,875 Other: \$10,875 Schl: \$10,875	

2012 Working Values
<p>NOTE: 2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.</p> <input type="button" value="Show Working Values"/>

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/28/1997	835/1325	QC	I	U	01	\$16,000.00
7/20/1995	808/1711	WD	I	Q		\$38,500.00
12/15/1993	783/1581	WD	V	U	12	\$7,000.00
6/1/1986	593/242	WD	V	U	01	\$15,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
			NONE			

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
						NONE

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

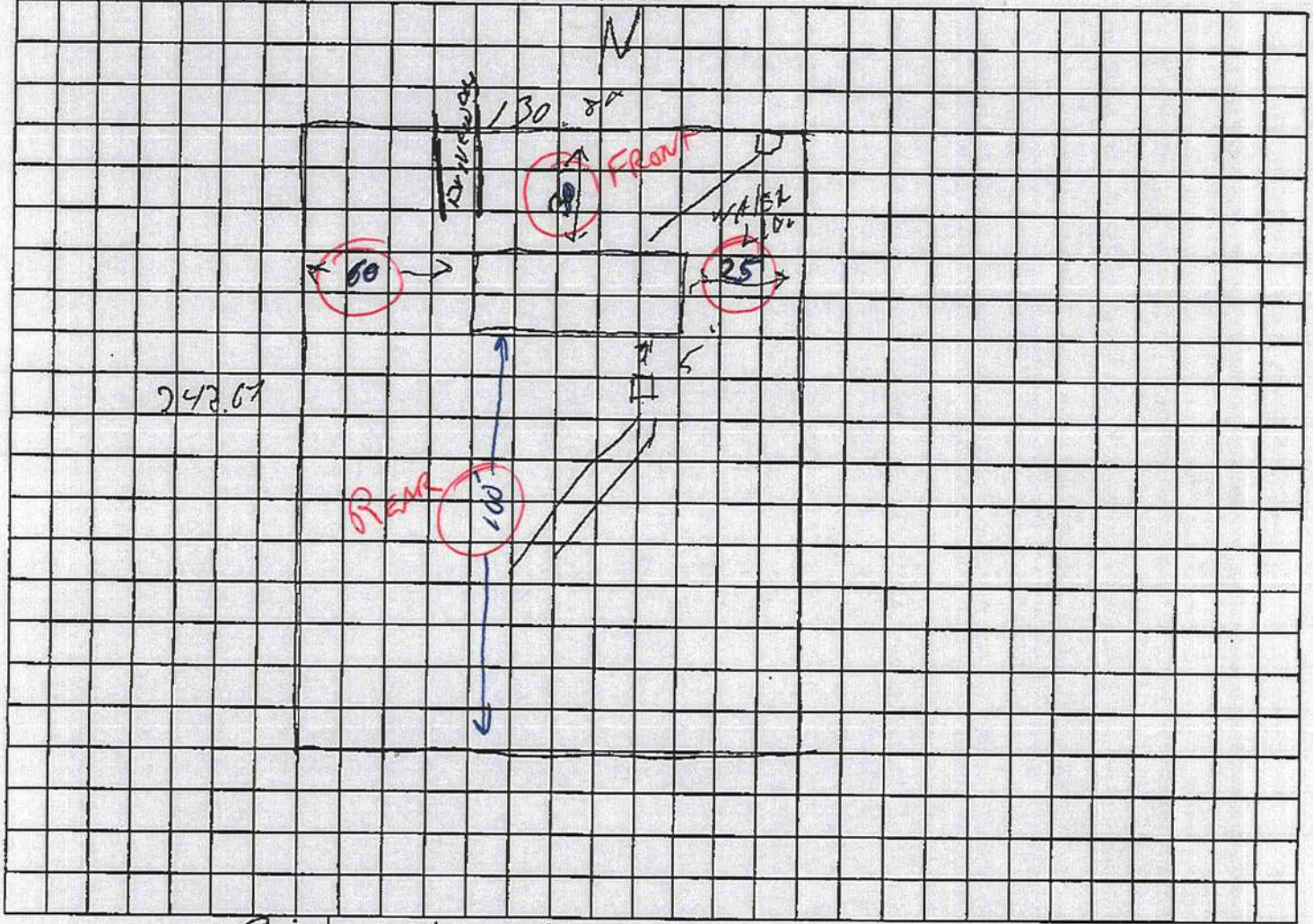
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-04358

Seury

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

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



Notes: City Water

Site Plan submitted by: Brandy Cooper Agent
Plan Approved _____ Not Approved _____ Date 9/27/12
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1209-62
AFFIDAVIT

850.243.9151

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We) CONSTANCE BEURY
owner of the below described property:

Tax Parcel No. 21-35-16-02240-004

Subdivision (name, lot, block, phase) PINE RIDGE, LOT 4

Give my permission to BRANDY COOPER to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Constance A Beury _____
Owner Owner

SWORN AND SUBSCRIBED before me this 28 day of Sept
20 12. This (these) person(s) are personally known to me or produced
ID FLDL B600-117-55-796-1

Mattie Clark
Notary Signature



PLEASE GIVE TO: CONNIE
+ RETURN FAX # 386.758.2160
COLUMBIA COUNTY BUILDING & ZONING DEPT
386.758.1008.

THANKS,

Janice Williams

From: Ron Croft
Sent: Monday, October 01, 2012 11:31 AM
To: Janice Williams
Subject: RE: EXISTING ADDRESS

PARCEL_N	ADDRESS	NEWCITY	NE NEWZI
21-3S-16-02240-004	233 NW STARLING TER	LAKE CITY	FL 32055

Ronal N. Croft

Columbia County 911 Addressing / GIS Department
P.O. Box 1787
Lake City, FL 32056-1787
Phone: 386-758-1125
Fax: 386-758-1365
E-Mail: ron_croft@columbiacountyfla.com



1207-62



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

PERMIT NO. 12-0435E
 DATE PAID: 9/27/12
 FEE PAID: 125.00
 RECEIPT #: AP# 1084459

APPLICATION FOR:

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

APPLICANT: Constance Beury

AGENT: Brandy Cooper TELEPHONE: 386-628-7404

MAILING ADDRESS: 274 NW Turner Rd

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: 4 BLOCK: _____ SUBDIVISION: Pine Ridge PLATTED: '78

PROPERTY ID #: 21-25-16-2240³⁵⁴ ZONING: Res. I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: .730 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: 5 FT

PROPERTY ADDRESS: 233 NW Starling Terrace Lake City, FL 32055

DIRECTIONS TO PROPERTY: 90-w to turner, Tr to asn, TL to the very end, TR to Starling, Tr 2nd lot on Right Past Tree.

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	SF DWMH	3	28x50	
2				
3				
4				

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

SIGNATURE: Brandy Cooper DATE: 9/27/12

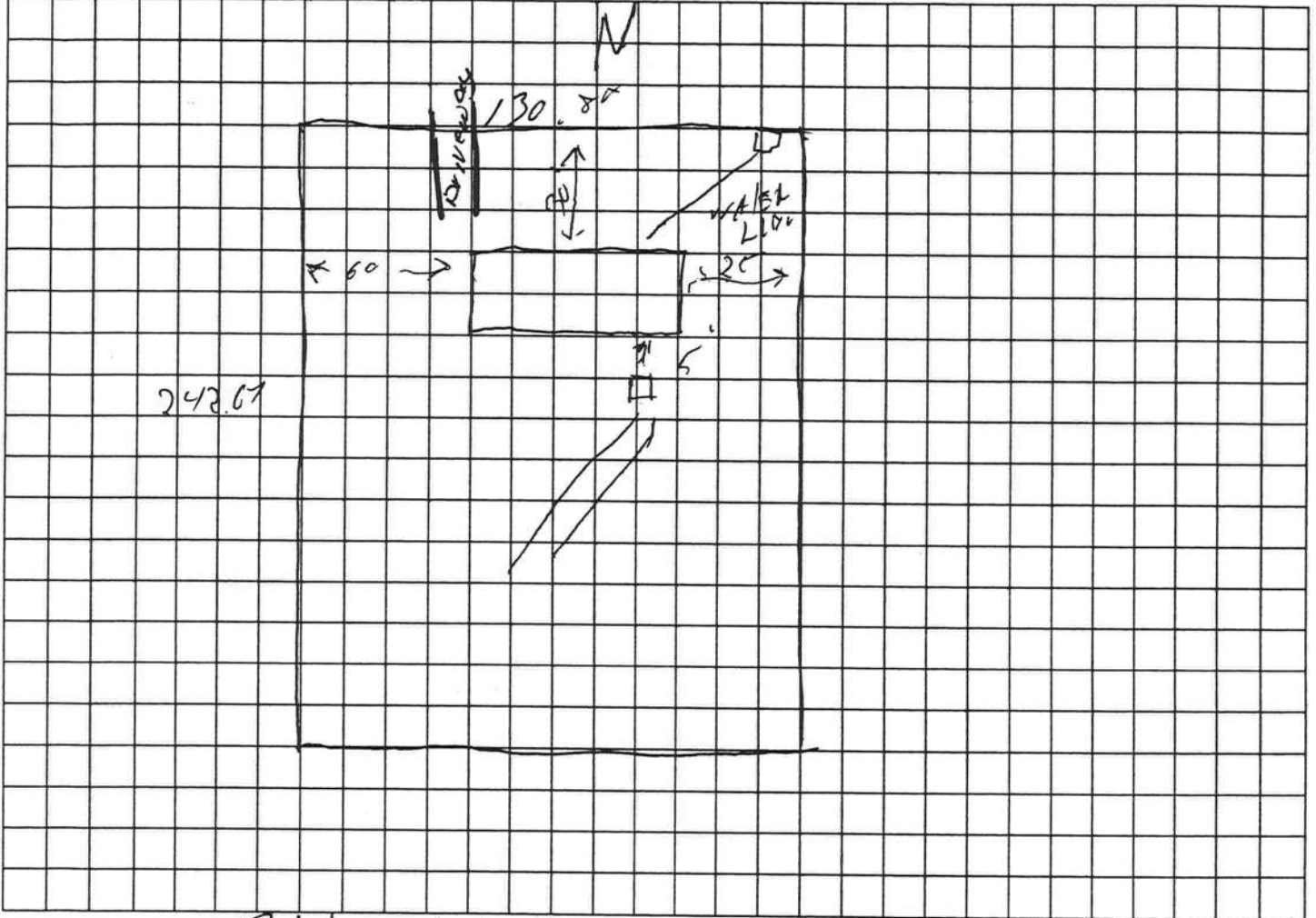
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0435E

Beury

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

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



Notes: City Water

Site Plan submitted by: Brandy Cusper

Plan Approved Y Not Approved

By [Signature]

Columbia CHD

Agent

Date 9/27/12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/10/12 BY EH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO 1209-62

OWNERS NAME BRANDY COOPER PHONE 386.628.7404 CELL 386.628.7404

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME -41-N TO SILEAS TL - 1st MOB ON LEFT.

MOBILE HOME INSTALLER ROBERT SHELDON PHONE 752.9292 CELL _____

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 1999 SIZE 28 x 56 COLOR Red & White

SERIAL No. GMHGA1469613437A5B

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

- P SMOKE DETECTOR () OPERATIONAL () MISSING
- P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
- P DOORS () OPERABLE () DAMAGED
- F WALLS () SOLID () STRUCTURALLY UNSOUND
- P WINDOWS () OPERABLE () INOPERABLE
- P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
- P CEILING () SOLID () HOLES () LEAKS APPARENT
- P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

- P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED WITH CONDITIONS: Complete Flood Repairs of walls & Data Plate?

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 304 DATE 10-11-12

TROY: 741:
* FLOODED - to some
DEGREE: (SHEET ROCK)
- HAD damage - will
REPAIR - UNDER \$40000

GEO 986426

MANUFACTURING PLANT:

General Manufactured Housing Inc
 PO Box 1449
 Waycross GA 31501

DATA PLATE

Date of Manufacture 3/4/1997
 Manufacturer's Serial Number GMGHA1469613457AB
 Design Approve by HILLBORN, WERNER, CARTER & ASSOC.

This mobile home is designed to comply with the federal mobile home safety standards in force at the time of manufacture.

The factory installed equipment includes:

Equipment	Manufacturer	Model No.	Serial No.
For heating	INTERTHERM	MGHAD75ABFC01	MGH93010104
Smoke Detector	FTREX	FXT 14	
Fireplace			
Range	GE	JBS02R3AD	AH 123604G
Cooktop			
Walloven			
Refrigerator	GE	TAX14SASDRAD	AH 793137
Water Heater	MOR FLO	ZHEFR-90-32	STRL 92481144777
Washer			
Clothes Dryer			
Dishwasher			
Garbage Disposal			
Other			

If questions regarding the operation, maintenance, warranty or performance of this mobile home should arise please contact the dealer from whom it was purchased, the manufacturing plant listed above or:

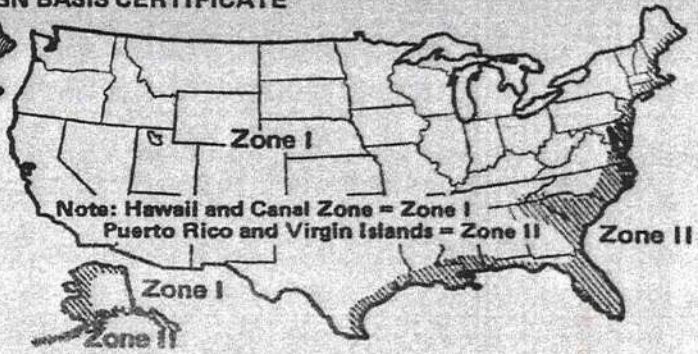
Answers to most questions regarding operation, installation, maintenance and design capabilities are found in the appropriate sections of the owner's maintenance and information manual and installation instructions furnished with each mobile home.

STRUCTURAL DESIGN BASIS CERTIFICATE



DESIGN ROOF LOAD ZONE MAP

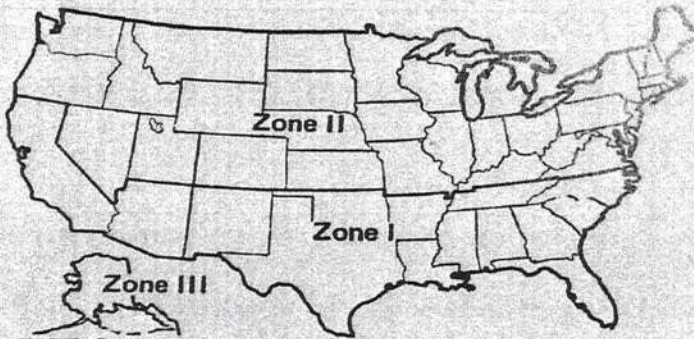
- South 20 PSF
- Middle 30 PSF
- North 40 PSF
- Other _____ PSF



DESIGN WIND ZONE MAP

- Standard Wind Zone I 15 PSF Horizontal 8 PSF Uplift
- Hurricane Relative Zone II 25 PSF Horizontal 15 PSF Uplift
- Other X PSF Horizontal X PSF Uplift

HEATING AND COOLING DESIGN BASIS CERTIFICATE



DESIGN WINTER CLIMATE ZONE

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic Zone I

Zone II _____ Zone III _____

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN.

- Walls (without windows and doors) "U" = .098
- Ceilings and roofs of light color "U" = _____
- Ceilings and roofs of dark color "U" = .078
- Floors "U" = .182
- Air ducts in floor "U" = _____
- Air ducts in ceiling "U" = _____
- Air ducts installed outside the home "U" = _____
- Heat transfer area to outside of home from air ducts located:
- Inside home "Sq. Ft." = 82
- Outside home "Sq. Ft." = 30.65

The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of _____.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97%) is not higher than _____°F.

The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure.

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for Mobile Home Central Air Conditioning Systems of up to 161,800 B.T.U./Hr. rated capacity which are certified in accordance with the appropriate Air Conditioning and Refrigeration Institute Standards. When the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the mobile home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) Handbooks of Fundamentals, once the location and orientation are known.