

DATE 03/20/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000025632

APPLICANT DALE HOUSTON PHONE 386.752.7814
 ADDRESS 136 SW BARRS GLEN LAKE CITY FL 32024
 OWNER JOHN B. & ANITA MILTON PHONE 386.752.7814
 ADDRESS 611 SW TALL PINES DRIVE LAKE CITY FL 32024
 CONTRACTOR DALE HOUSTON PHONE 386.752.7814

LOCATION OF PROPERTY SR 47-S TO C-242, TR TO TALL PINES DR, TR GO UNTIL YOU RACH BARRICADE IN THE FIELD(PAST THERE).

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 Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 24-4S-15-00383-102 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 18.34

IH0000040 *Dale Houston*
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING 07-00198N CFS JTH N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE ROAD.

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 _____ 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 \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 75.53 WASTE FEE \$ 117.25
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 467.78

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE. PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Office Use Only Zoning Official ops 3/15/07 Building Official OK JH 3-12-07
AP# 0703-25 Date Received 3/19 By JW Permit # 25632
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments cancel 175

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

Site Plan with Setbacks shown Environmental Health Signed Site Plan Env. Health Release
 Well letter provided Existing Well Left ANAchel Revised 9-23-04

- Property ID 24-45-15-00383 ¹⁰² LOTS 213.14 SUNPARK ESTATES Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Year 1995
- Subdivision Information SUNPARK ESTATES

Applicant Cindy Houston Phone # 386-752-7814
Address 136 SW Barrs Glen Lake City, FL 32024

- Name of Property Owner John B. Milton Phone # Some 961-2862 752-7157
- 911 Address 611 SW Tall Pines Dr. L.C., FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progressive Energy

Name of Owner of Mobile Home John Milton Phone # Some
Address 577 SW Tall Pines Dr; L.C., FL 32024
Relationship to Property Owner son

- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 18.34 ACRE

Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
Driving Directions Hwy 247 to Hwy 242 - turn right on 242 - Down 2 miles on right to Tall Pines Dr. go all way down to Barrcade - out in field past Barrcade

Is this Mobile Home Replacing an Existing Mobile Home NO
Name of Licensed Dealer/Installer Dale Houston Phone # 384-752-7814
Installers Address 136 SW Barrs Glen Lake City, FL 32024
License Number I H00000640 Installation Decal # 278682

8 - ~~467.78~~ - JW called Cindy @ 3.19.07

PERMIT WORKSHEET

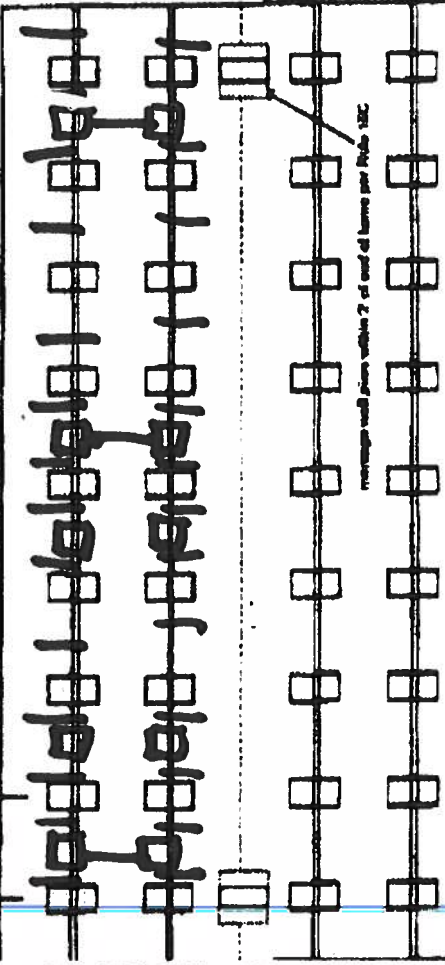
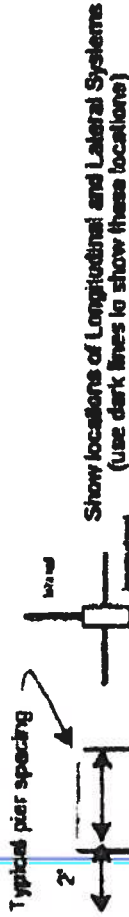
PERMIT NUMBER

Installer Dale Houston License # I4000004
 Address of home being installed 577 S.W. TALL PINE DRIVE
LAKE CITY FL 32024
 Manufacturer Horton Length x width 70 X 14

NOTE: If home is a single wide fill out one half of the blocking plan
 if home is a triple or quad write 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 DH



14x70 - 1000 soil 17x25
Piers - 14 per side - 5' o.c.
Anchors 13 per side 5'4 o.c.
6-Longitudinal system

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 # 278682

Triple/Quad Serial # H1097009

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	16' x 16" (250)	18 1/2" x 18 1/2" (342)	20' x 20" (400)	22' x 22" (AWAY)	24' x 24" (575)	26' x 26" (676)
1000 per	3'	4'	5'	6'	7'	8'
1500 per	4'	5'	6'	7'	8'	9'
2000 per	5'	6'	7'	8'	9'	10'
2500 per	6'	7'	8'	9'	10'	11'
3000 per	7'	8'	9'	10'	11'	12'
3500 per	8'	9'	10'	11'	12'	13'

Interpolated from Rule 15-C. Pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25
 Perimeter pier pad size 16x16
 Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use the symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening _____ Pier pad size _____

POPULAR PAD SIZES

PAD SIZE	Sq. In.
16 x 16	256
18 x 18	324
18 1/2 x 18 1/2	342
18 x 22.5	380
17 x 22	374
13 1/4 x 26 1/4	345
20 x 20	400
17 3/8 x 25 3/8	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 R 5 R _____

FRAME TIES

within 2' of end of home spaced at 5' 4" o.c.

OTHER TIES

Number _____
 Sidewall Longitudinal Marriage w/ Shearwall _____

TIEDOWN COMPONENTS

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

Oliver Technologies

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 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 6 ft
anchors are required at all corners. The points where the torque test
reading is 275 or less and where the mobile home manufacturer may
require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

DATE Housh

Date Tested

3/6/07

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. N/A

Plumbing

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

Connect all potable water supply piping to an existing water meter, water tap, or other
independent water supply system. Pg. N/A

Site Preparation

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

Fastening metal wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
 Wall: Type Fastener: _____ Length: _____ Spacing: _____
 Roof: Type Fastener: _____ Length: _____ Spacing: _____
 For used frames a min. 30 gauge, 8" wide, galvanized metal strip
 will be centered over the peak of the roof and fastened with galy.
 roofing nails at 2" on center on both sides of the combine.

General fastening requirements

I understand a properly installed gasket is a requirement of all new and used
homes and that coplanation, mold, rot, 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

Installed: _____
 Between Floors Yes _____
 Between Walls Yes _____
 Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes No _____ Pg. _____
 Siding on units is installed to manufacturer's specifications. Yes _____
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes N/A

Miscellaneous

Skirting to be installed. Yes _____ No _____
 Dryer vent installed outside of skirting. Yes _____ No _____
 Range downflow vent installed outside of skirting. Yes _____ No _____
 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-1.6.2

Installer Signature DATE Housh Date 3/6/07

AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone I mobile home.

Customer Name: John Milton
Property ID: Sec: ~~2~~ 15 Twp: 4s Rge: 24 Tax Parcel No: _____
Lot: _____ Block _____ Subdivision: Sun Park Estates
Moible Home Year/Make: 1995 Horton Size: 14x70

Dale Houston
Signature of Mobile Home Installer

Sworn to and subscribed before me this 9th day of March, 2007

By Dale Houston

Notary's name printed/typed



Zannie Little
Notary Public, State of Florida
Commission No. _____
Personally Known: _____
Id Produced (type) _____

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 \$150.00.

I, DALE Houston license number IH 0000040
Please Print

Do hereby state that the installation of the manufactured home for:
John Milton at 577 S.W. Tall Pine Drive
Applicant Address

will be done under my supervision.

Dale Houston
Signature

Sworn to and subscribed before me this 9th day of March
2007.

Notary Public: Zannie Little
Signature

My Commission Expires: _____
Date

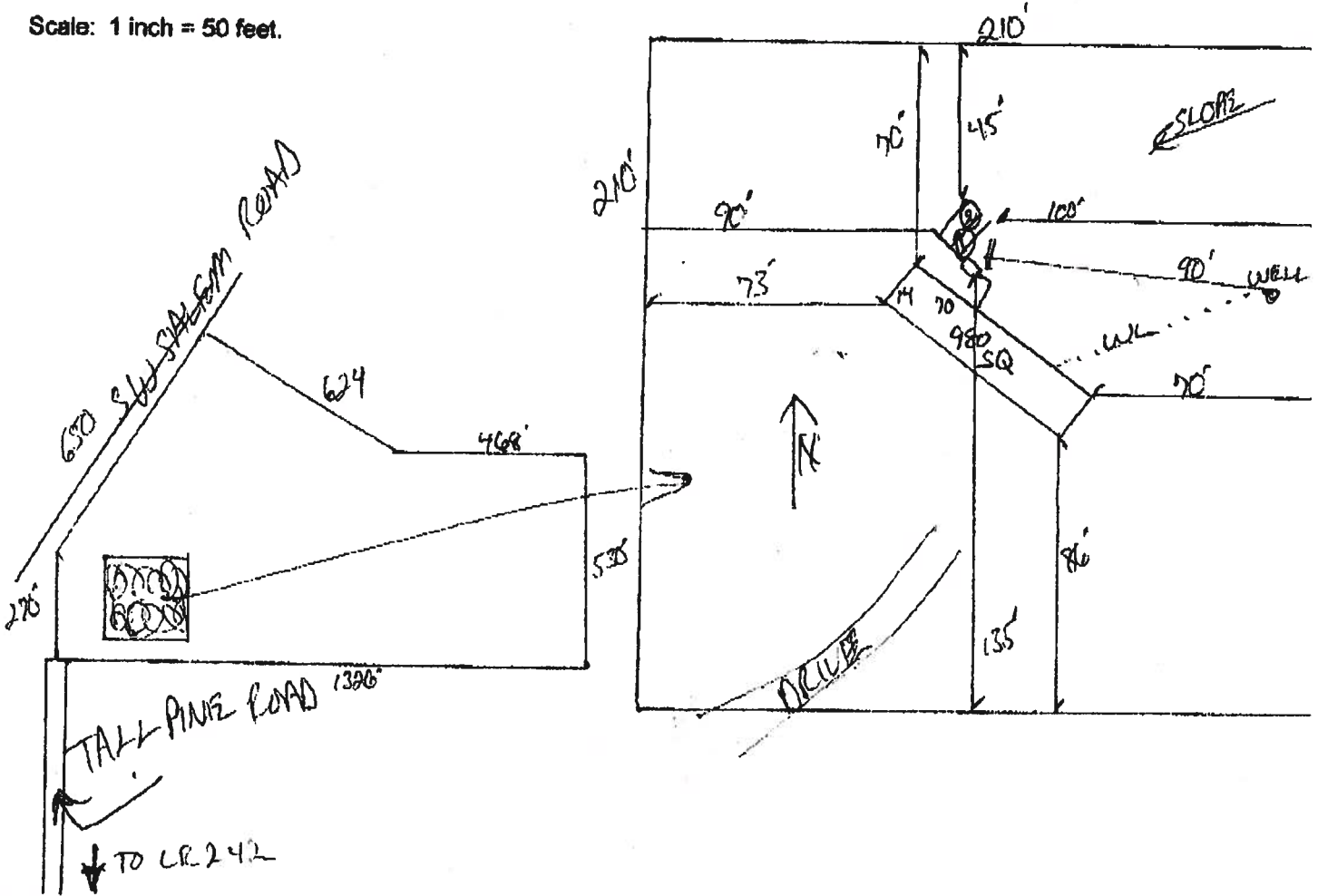


**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permit Application Number _____

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

Scale: 1 inch = 50 feet.



Notes: 1 of 18 Acres

Site Plan submitted by: Rock D F **MASTER CONTRACTOR**
 Plan Approved _____ Not Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

@ CAM112M01 S CamaUSA Appraisal System
 3/09/2007 13:12 Legal Description Maintenance
 Year T Property Sel
 2007 R 24-4S-15-00383-102
 LOT 2 SUN PARK ESTATES S/D
 MILTON ANITA K & JOHN B

Columbia County
 Land 000 *
 3301 AG 001
 Bldg 000
 Xfea 000
 3301 TOTAL B

1	LOTS 2,3, & 4, SUN PARK ESTATES, S/D, ORB 748-1035,, 836-1029,, . . .	2
3	841-52,920-195	4
5	. . . . .	6
7	. . . . .	8
9	. . . . .	10
11	. . . . .	12
13	. . . . .	14
15	. . . . .	16
17	. . . . .	18
19	. . . . .	20
21	. . . . .	22
23	. . . . .	24
25	. . . . .	26
27	. . . . .	28

Mnt 8/29/2001 JEFF

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

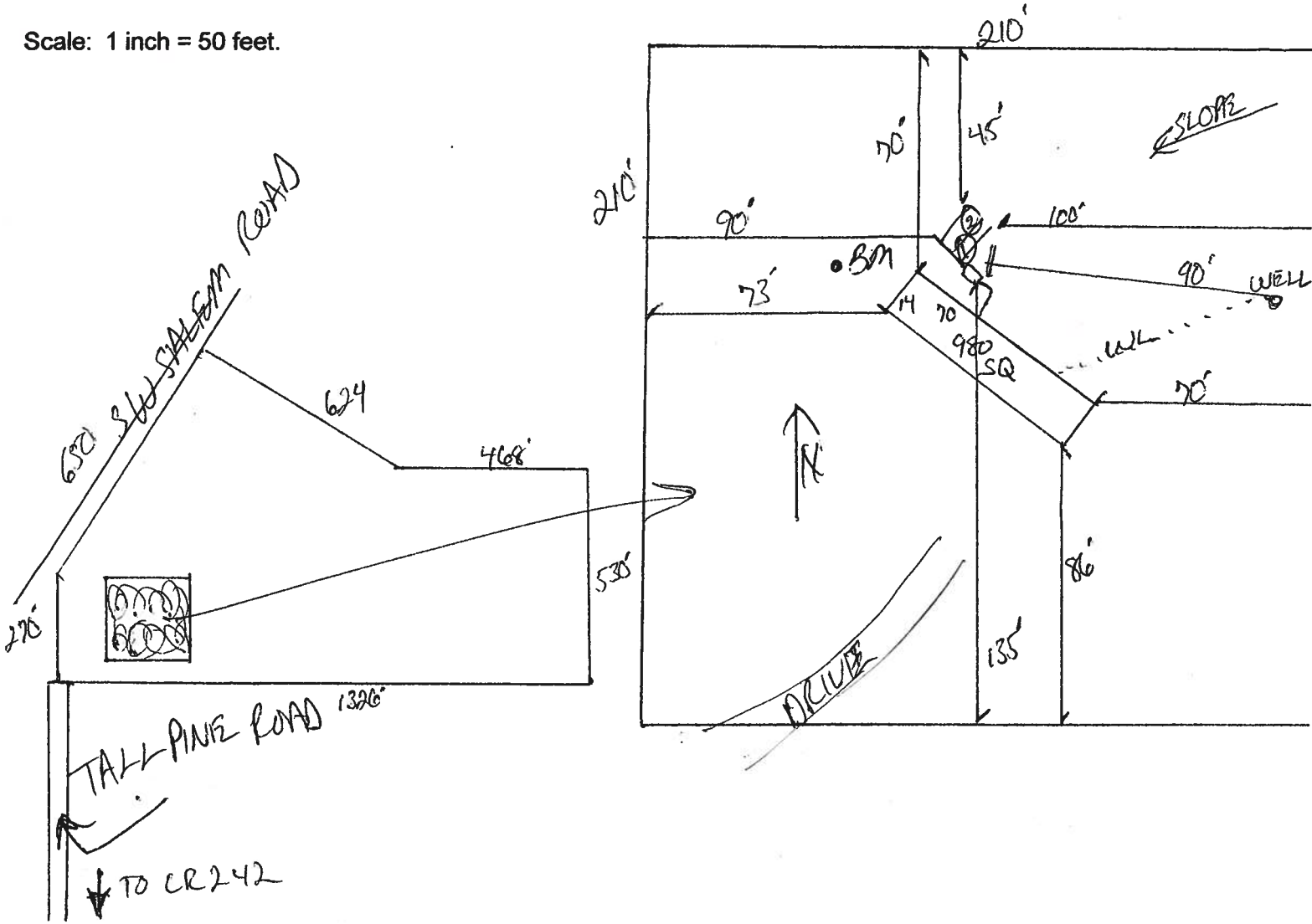
0703-25

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

Permit Application Number 07-00198N

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

Scale: 1 inch = 50 feet.



Notes: 1 of 18 Acres

Site Plan submitted by: Robert D. F. O. **MASTER CONTRACTOR**

Plan Approved Not Approved Date 3/7/07

By Mr. O. M. Columbus County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: rou_craft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 3/8/2007 DATE ISSUED: 3/9/2007

ENHANCED 9-1-1 ADDRESS:

611 SW TALL PINE CT

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

24-4S-15-00383-102

Remarks:

PARENT PARCEL

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.

883

Approved Address

MAY 09 2007

911Addressing/GIS Dept

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3.9.07 BY dw IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME John B Milton PHONE 752-2862 CELL 961-2862

ADDRESS 577 SW Tall Pines Dr L C, #1 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Se 247 to C-242, R to 2 miles on R. to Tall Pines Drive; so all the way down to barricade - out in the field past barricade

MOBILE HOME INSTALLER Sale Hutton PHONE 752-7814 CELL _____

MOBILE HOME INFORMATION

MAKE Horton YEAR 1995 SIZE 14 x 70 COLOR Cream

SERIAL No. H109700 G

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

INTERIOR: INSPECTION STANDARDS

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

SMOKE DETECTOR () OPERATIONAL () MISSING

FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

DOORS () OPERABLE () DAMAGED

WALLS () SOLID () STRUCTURALLY UNSOUND

WINDOWS () OPERABLE () INOPERABLE

PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

CEILING () SOLID () HOLES () LEAKS APPARENT

ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

WALLS/SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

ROOF () APPEARS SOLID () DAMAGED

STATUS: APPROVED WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Dw ID NUMBER 326 DATE 3-14