

DATE 02/12/2008

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000026747

APPLICANT PAULA AMMONS PHONE 904 777-1205
 ADDRESS 1661 BLANDING BLVD MIDDLEBURG FL 32068
 OWNER CATHIE GARNER/WHITNEY ROSS PHONE 752-0099
 ADDRESS 279 NW GARNER GLEN LAKE CITY FL 32055
 CONTRACTOR PAUL ALLBRIGHT PHONE 386 365-5314
 LOCATION OF PROPERTY 41N, TL ON BAUGHN ST, TR ON PARNELL AVE, DRIVEWAY
BY WHITE PICKED FENCE, 2 STORY HOUSE .

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT _____
 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 28-2S-16-01775-003 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

IH0000333
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor Paula Ammons
 EXISTING 08-156 CS JH N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROAD, EXISTING MH TO BE REMOVED

 _____ Check # or Cash 16052

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 \$ 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 Paula Ammons CLERKS OFFICE mss

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

CK# 16052

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official aka 1/30/08 Building Official aka 1/29/08

AP# 0801-139 Date Received 1/29/08 By G Permit # 26747

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

Comments Existing MH to be removed

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

Site Plan with Setbacks Shown EH Signed Site Plan EH Release Well letter Existing well

Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer

State Road Access Parent Parcel # _____ STUP-MH _____

Property ID # 28-25-116-01775-003 Subdivision _____

- **New Mobile Home** 2007 Used Mobile Home _____ Year _____
- Applicant Paula Ammons Phone # 904-777-1205
- Address 1161 Blandins Blvd middleburg FL 32068
- Name of Property Owner Cathie Garner and Whitney Ross Phone# 386-752-0099
- 911 Address 279 NORTH WEST GARNER GLEN 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Cathie Garner Phone # 386-752-0099
Address 279 NORTH WEST GARNER GLEN Lake city FL 32055
- Relationship to Property Owner OWNER.
- Current Number of Dwellings on Property 1
- Lot Size 4.5 ACRES Total Acreage 4.5 ACRES
- 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 - pd
- Driving Directions to the Property Take Hwy 41 N go past I-10 FOR APPROX 3-4 MILES TURN LEFT ON BAUGHN ST TAKE BAUGHN ALL THE WAY TO END TURN RIGHT ON BARNELL AVE. TAKE BARNELL FOR APPROX 300 YARDS TAKE DRIVEWAY BY WHITE PICKET FENCE. 2 STORE HOUSE THAT IS HER DRIVEWAY
- Name of Licensed Dealer/Installer Paul E Albright Phone # 386-3655314
- Installers Address 199 SW Thomas Ter Lake city FL 32024
- License Number FH-0000-333 Installation Decal # 284964

Spoke to Paula 1/31/08

LETTER OF AUTHORIZATION

Date: 1-23-08

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

I Paul E Albright, License No. 1H0000333 do hereby
Authorize Dana Ammons to pull and sign permits on my
behalf.

Sincerely,
Paul Albright

Sworn to and subscribed before me this 28th day of January, 2008.

Notary Public: Robert W Day

My commission expires: 6-4-08

Personally Known X

Produced Valid Identification: _____



Revised: 3/2006



STATE OF FLORIDA
DEPARTMENT OF HEALTH

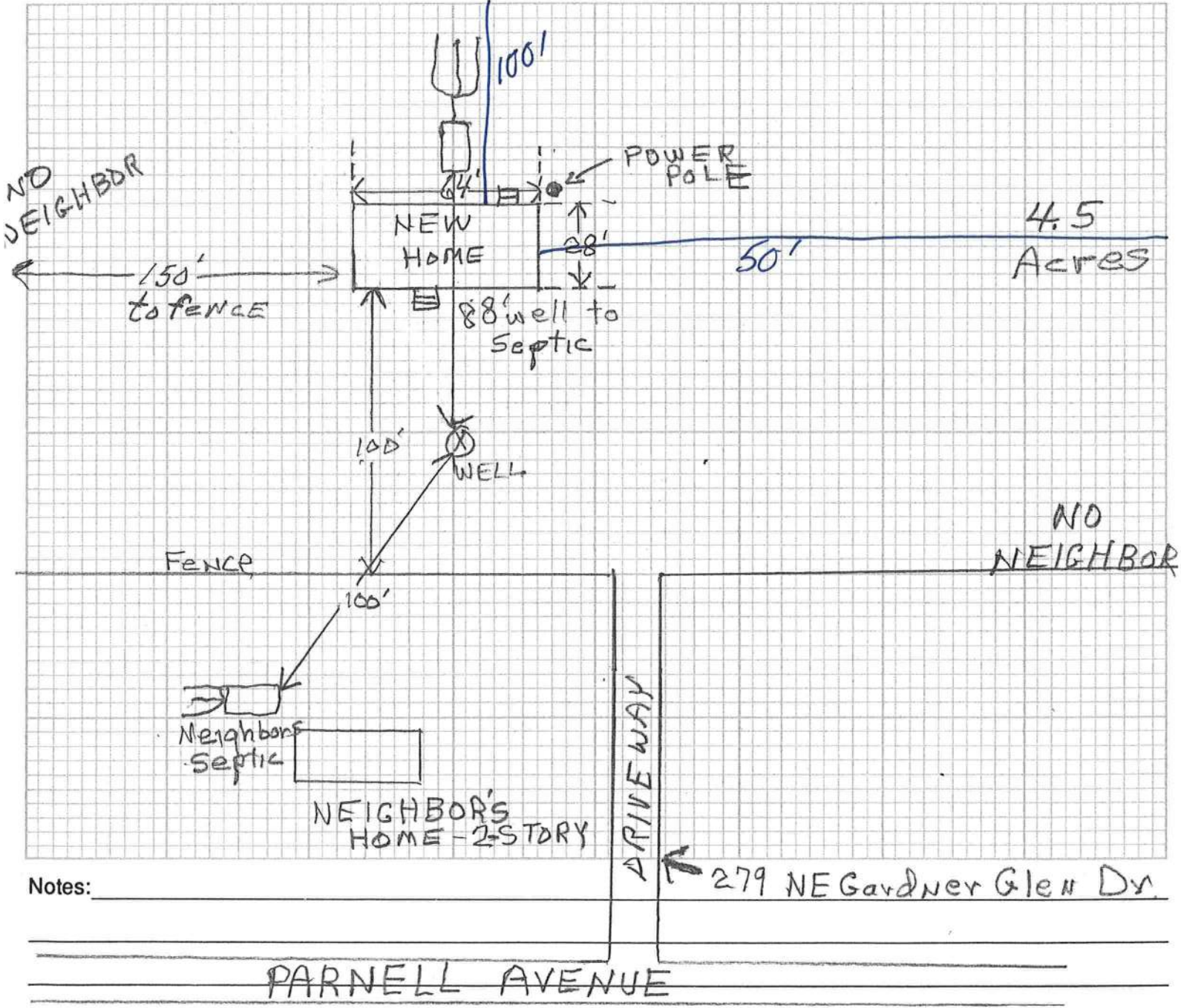
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

NO NEIGHBOR

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



Notes: _____

Site Plan submitted by: _____

Signature

Title

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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 185 x 185 x 185

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 185 x 185 x 185

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 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

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

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

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket

Pg. 1" foam seal

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

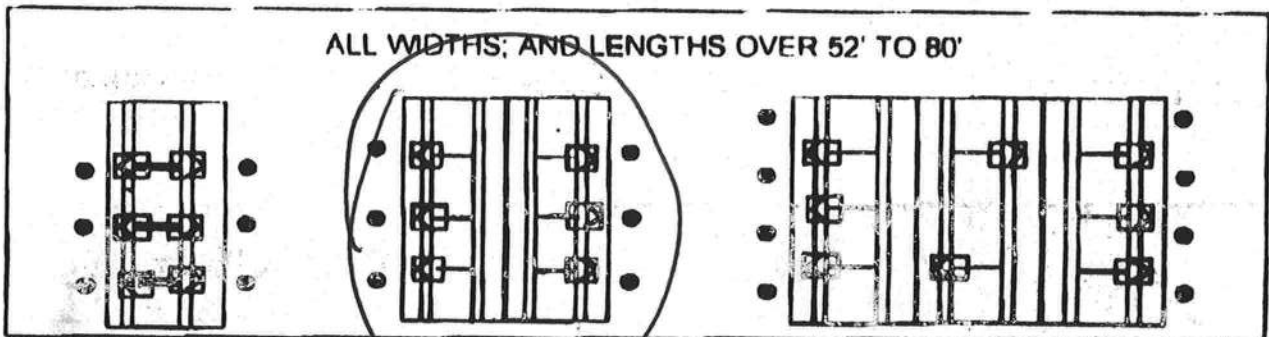
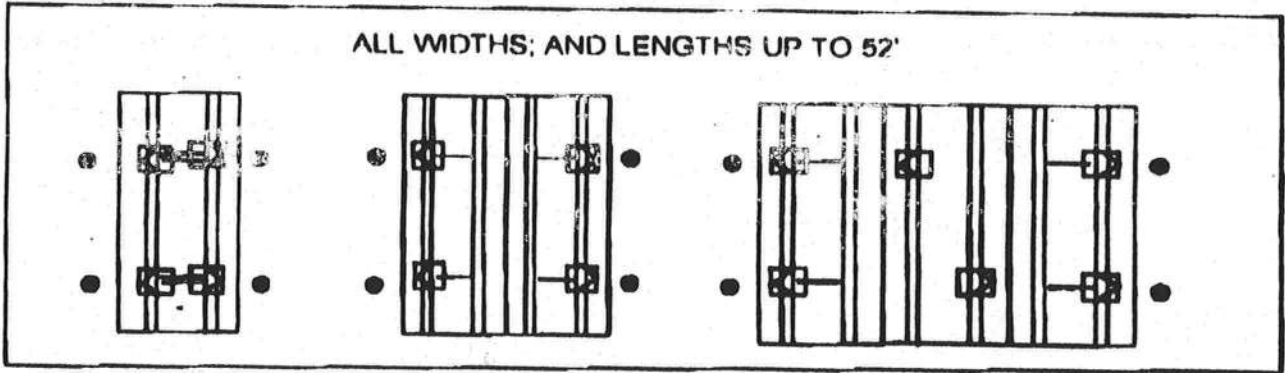
Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other:

Put the valves in the units
Plumbing

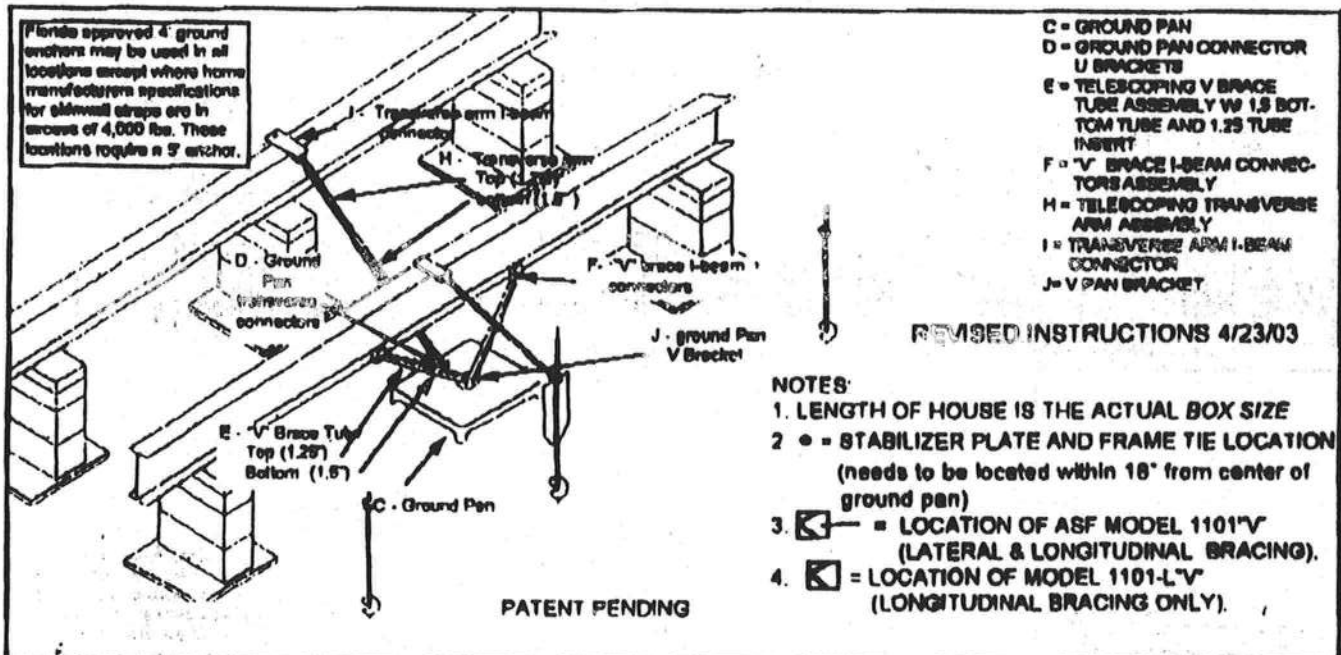
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Date 1-23-08

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" BRACES FOR UP TO 4/12 ROOF PITCH



HOMES WITH 5/12 ROOF PITCH REQUIRE PER FLORIDA REGULATIONS:
 6 systems for home lengths up to 52' and 8 systems for homes over 52' and up to 80'. One stabilizer plate and frame tie required at each lateral bracing system.



MANUFACTURED HOUSING FOUNDATION SYSTEMS
 A DIVISION OF OLIVER TECHNOLOGIES, INC.
 1-800-284-7637

Telephone: 931-788-4355
 Fax: 931-788-8811
 www.olivertechnologies.com

When recorded, mail to:

Name: _____

Address: _____

City/State/Zip Code: _____

Inst: 200812000226 Date: 1/7/2008 Time: 11:05 AM
Doc Stamp-Deed: 0.70
✓ DC, P. DeWitt Cason, Columbia County Page 1 of 2

Space above this line for Recorder's use

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I (we), Cathie G Garner,
the undersigned, for the consideration of Ten Dollars (\$10.00), and other valuable considerations, do
hereby release, remise, and forever quitclaim unto Cathie G Garner
and Whitney M. Ross,
all right, title and interest in that certain Property situated in Columbia County,
State of Florida, and described as follows:

28-2S-16-01775-003

a part of the sw 1/4 of nw 1/4 of section 28, township 2 south, range 16 east more particularly as follows: commence at the northwest corner of the said sw 1/4 of nw 1/4 and run n 89 degrees 10' 02" e along the north line thereof, 725.11 feet for a point of beginning. thence continue n. 89 degrees 10' 02" E, 603.27 feet to the northeast corner of said sw 1/4 of nw 1/4 thence 5500 degrees 08 degrees 47" w along east line east sw 1/4 of of nw 1/4 316.67 feet thence 589 degrees 10' 02" w 602.85 feet, thence n 00 degrees 04' 52" e. 316.62 feet to the point of beginning containing 4.38 acres more or less.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) and seal this 4 day of January, 2008.

Cathie G Garner
Printed Name of Releasor

CATHIE G GARNER
Signature of Releasor

Printed Name of Releasor

Signature of Releasor

Trulette Mae Donald
Printed Name of Witness (if required by State Laws)

Trulette Mae Donald
Signature of Witness (if required by State Laws)

Rose Ann Aiello

Rose Ann Aiello

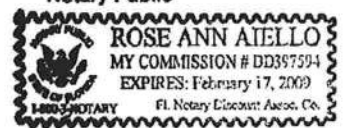
ACKNOWLEDGMENT
(States Other Than California)

State of FLORIDA)
County of COLUMBIA) ss.

On this 4 day of January, 2008, before me, the undersigned
Notary Public, personally appeared Cathie Garner

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.

My Commission Expires: 2-17-09 Rose Ann Aiello
Notary Public



If acknowledged in the State of Florida, complete section(s) below:

(Releasor) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: FL DL

(Co-Releasor) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: _____

ACKNOWLEDGMENT
(State Of California)

State of California)
County of _____) ss.

On this _____ day of _____, before me, _____
_____, the undersigned Notary Public, personally appeared,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is(are) subscribed to the attached instrument and acknowledged to me that he(he)(she)(they)
executed the same in his(her)(their) authorized capacity(ies), and that by his(her)(their) signature(s) on
the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public



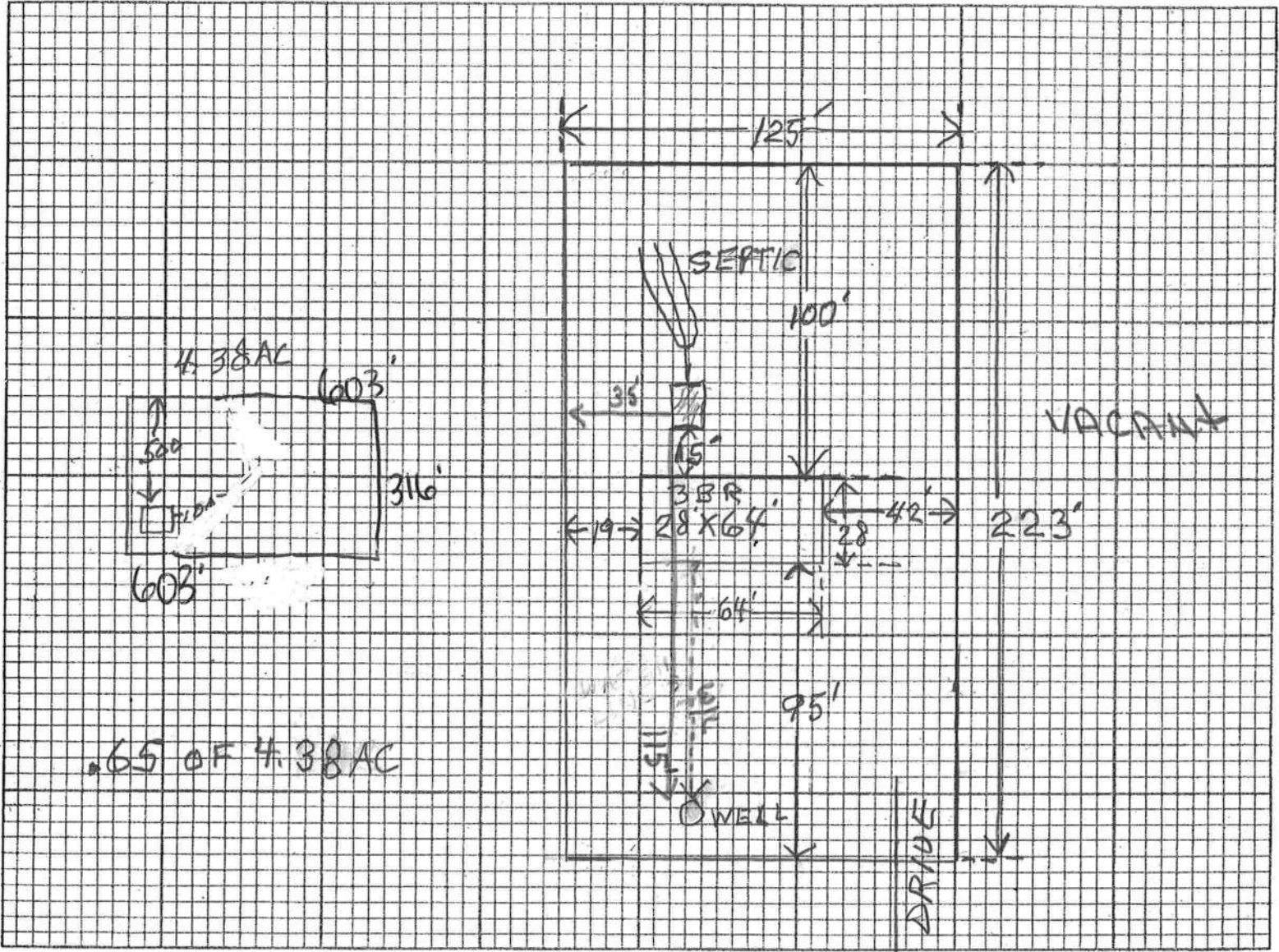
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0156E

PART II - SITE PLAN

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



Notes: Well to Septic - 119 FT

Site Plan submitted by: Rania Ammons

Signature

Agent

Title

Plan Approved X

Not Approved _____

Date 2-6-08

By Salbi Ford ESII

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT