

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

GRANT
A.C. "11"

For Office Use Only (Revised 1-11)

Zoning Official

Building Official

AP# 1109-25

Date Received

9-14-11

By LH

Permit #

29730

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

1 1/2 inch

River

N/A

In Floodway

N/A

Site Plan with Setbacks Shown

EH #

11-0421-M

EH Release

Well letter

Existing well

Recorded Deed or Affidavit from land owner

Installer Authorization

State Road Access

911 Sheet

Parent Parcel #

STUP-MH

F W Comp. letter

VF Form

IMPACT FEES: EMS

Fire

Corr

Out County In County

Road/Code

School

= TOTAL Impact Fees Suspended March 2009

Property ID #

26-45-17-08749-156

Subdivision

(Community water system)
Brandon Heights Lot 6

New Mobile Home

✓

Used Mobile Home

MH Size

32x68

Applicant

Wendy Grennell

Phone #

386-288-2428

Address

3104 SW Old Wire Rd Fort White, FL 32038

Name of Property Owner

Mary/Joseph Johnson

Phone#

386-752-0463

911 Address

1780 SE Peacock Ter. 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

Mary/Joseph Johnson

Phone #

386 752-0463

Address

872 S Marion Ave Apt 103 Lake City, FL 32025

Relationship to Property Owner

Same.

Current Number of Dwellings on Property

0

Lot Size

Total Acreage

0.600

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

441 S to CR 133C turn (L) to Peacock Ter
turn (L), to 1780 on (L)

Name of Licensed Dealer/Installer

Robert Sheppard

Phone #

386 623-2203

Installers Address

6355 NE CR 245 Lake City FL 32025

License Number

IH 1025386

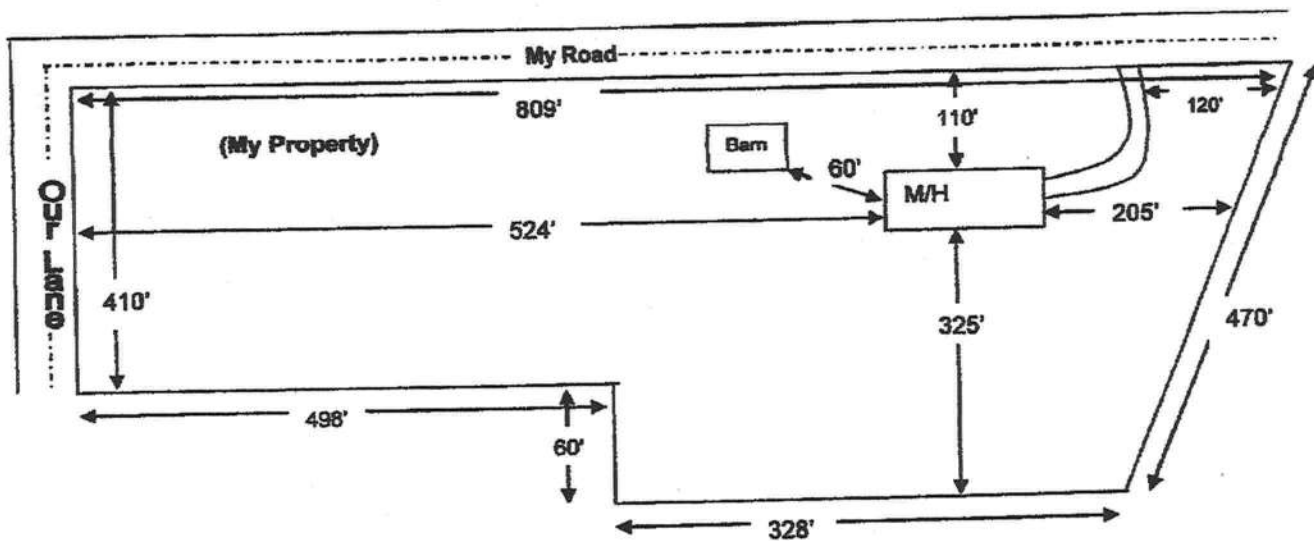
Installation Decal #

8662

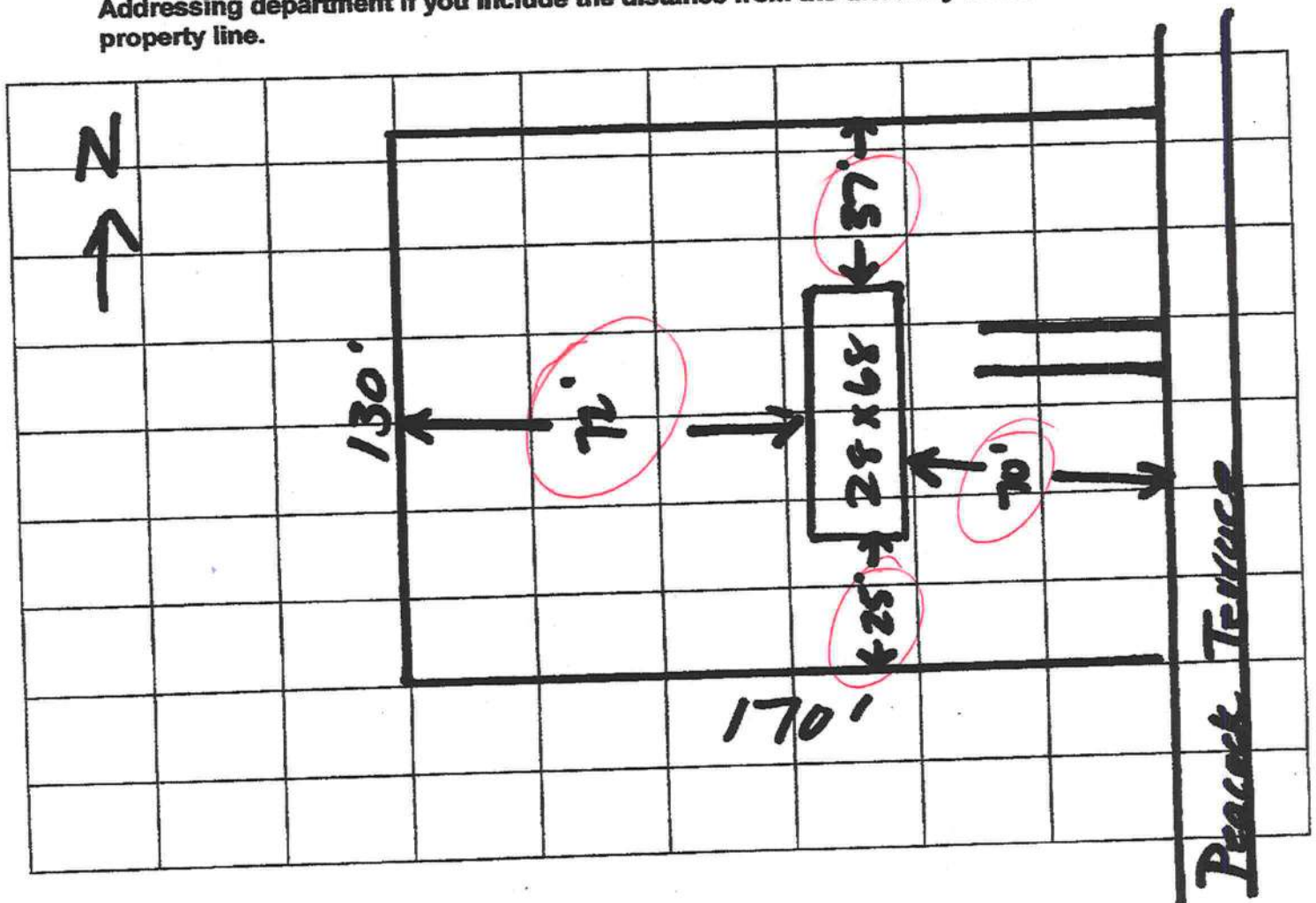
Spoke to Wendy 9/21/11

Johnson App # 1109-25

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



Permit Application Number _____

PART II - SITEPLAN

A hand-drawn site plan of a property. The plan is roughly rectangular with a central vertical strip. Key features and dimensions include:

- North Arrow:** Located at the top left, pointing upwards.
- Top Boundary:** Labeled "SEPTIL 55" and "170'".
- Left Boundary:** Labeled "SEPTIL 70" and "130'".
- Right Boundary:** Labeled "PEACOCK TERR" (Peacock Terrace).
- Central Vertical Strip:** Labeled "1800 SQ" and "52". It has a width of "20'" on the left and "16'" on the right.
- Top Left Area:** Contains a horizontal line with four circles labeled 2, 3, 4, and 5. A dimension of "25'" is shown. Below this line is a dimension of "3m".
- Top Right Area:** A dashed line labeled "WL" (water line) runs diagonally. A dimension of "93'" is shown.
- Bottom Left Area:** A dimension of "80'" is shown.
- Bottom Right Area:** A dimension of "60'" is shown, circled in red. A diagonal line labeled "SEPTIL 60" runs from the bottom left towards this area.
- Other Dimensions:** "44'" is circled in red near the top center. "84'" is circled in red near the bottom left.
- Other Labels:** "DRIVE" is written in the middle right area. "13" is written near the top left corner.

Notes: _____

Site Plan submitted by: Rocky D. F. V.

Plan Approved _____ Not Approved _____

By _____ County Health Department

MASTER CONTRACTOR

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

LOT 6 BLOCK C BRANDON HGTS S/D				JOHNSON MARY FOSTER &				26-4S-17-08749-156				Columbia County 2011 R			
ORB 746-1475,778-052,897-1372,				JOSEPH JOHNSON SR								CARD 001 of 001			
QC 1188-2354				872 S MARION AVE APT 103				PRINTED 6/20/2011 12:51				BY JEFF			
				LAKE CITY, FL 32025				APPR 2/23/2009 DFRP							

BUSE			AE?	HTD AREA	.000	INDEX	26417.01	BRANDON		PUSE	000700	MISC	RES		
MOD	BATH			EFF AREA	26.197	E-RATE	.000	INDX	STR 26- 4S-17E						
EXW	FIXT			RCN				AYB	MKT AREA 02				0	BLDG	
%	BDRM			%GOOD		BLDG VAL		EYB	(PUD1				200	XFOB	
RSTR	RMS			-----					AC	.500			11,750	LAND	
RCVR	UNTS			*FIELD CK:					NTCD				0	CLAS	
%	C-W%			*LOC: 1780 PEACOCK TER SE LAKE CITY					APPR CD				0	MKTUSE	
INTW	HGHT								CNDO				11,950	JUST	
%	PMTR								SUBD				11,950	APPR	
FLOR	STYS								BLK						
%	ECON								LOT				0	SOHD	
HTTP	FUNC								MAP#				0	ASSD	
A/C	SPCD												0	EXPT	
QUAL	DEPR								TXDT	003			0	COTXBL	
FNDN	UD-1														
SIZE	UD-2								----- BLDG TRAVERSE -----						
CEIL	UD-3														
ARCH	UD-4														
FRME	UD-5														
KTCH	UD-6														
WNDO	UD-7														
CLAS	UD-8														
OCC	UD-9														
COND	%														
SUB	A-AREA	%	E-AREA	SUB VALUE					----- PERMITS -----						
									NUMBER	DESC	AMT	ISSUED			
									14190	M H	125	6/24/1998			
									11377	M H	125	7/05/1996			
									----- SALE -----						
									BOOK	PAGE	DATE	PRICE			
									1188	2354	2/08/2010	U I	100		
									GRANTOR MARY FOSTER						
									GRANTEE MARY FOSTER JOHNSON & JOSEPH JOHNS						
									897	1372	12/15/1999	Q V	15000		
									GRANTOR L DICKS						
									GRANTEE M FOSTER						
TOTAL															
-----EXTRA FEATURES-----															
AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT PR
Y		0294	SHED WOOD/VI				1		2005	1.00	1.000	UT	200.000		200.000
														100.00	200

LAND	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD CK:							
AE	CODE	TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ	UT PR	LAND	VALUE
Y	000700	MISC	RES	RSFMH1	0007			1.00 1.00 1.00 1.00	1.000	LT	11000.000		11000.00	11,000	
				0002	0003										
Y	009947	SEPTIC		RSFMH1	0007			1.00 1.00 1.00 1.00	1.000	UT	750.000		750.00	750	
				0002	0003										

When recorded, mail to:

Name: _____

Address: _____

City/State/Zip Code: _____

Inst: 201012001939 Date: 2/9/2010 Time: 2:31 PM
Doc Stamp-Deed: 0.70

DC: P. DeWitt Cason, Columbia County Page 1 of 2 B: 1188 P 2354

Space above this line for Recorder's use

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

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

Lot 6, Block C, BRANDON HEIGHTS, a subdivision as recorded in Plat
Book 6, Pages 50-50A, Columbia County, Florida, subject to Restrictions
recorded in O.R. Book 0746, Pages 0902-0904, Columbia Count, Florida,
and subject to Power Line Easement.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal this 8th day of
February, 2010.

Mary Foster

Printed Name of Releasor

Mary Foster

Signature of Releasor

Printed Name of Releasor

Signature of Releasor

Sarah Lippi

Printed Name of Witness (if required by State Laws)

Sarah Lippi

Signature of Witness (if required by State Laws)

ACKNOWLEDGMENT
(States Other Than California)

State of FLORIDA)
County of COLUMBIA) ss.

On this 8TH day of FEBRUARY, 2010, before me, the undersigned
Notary Public, personally appeared MARY FOSTER JOHNSON

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.

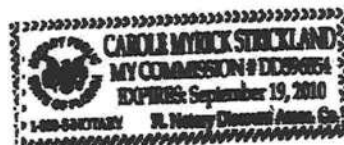
My Commission Expires: 9/19/2010

Carol Myrick Strickland
Notary Public
CAROLE MYRICK STRICKLAND

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

(Releasor) ☐ Personally Known (or) ☒ Produced Identification

If applicable, Type of Identification Produced: FL DRIVERS LICENSE



(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(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

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Robert Stepp License # ±H1025-386

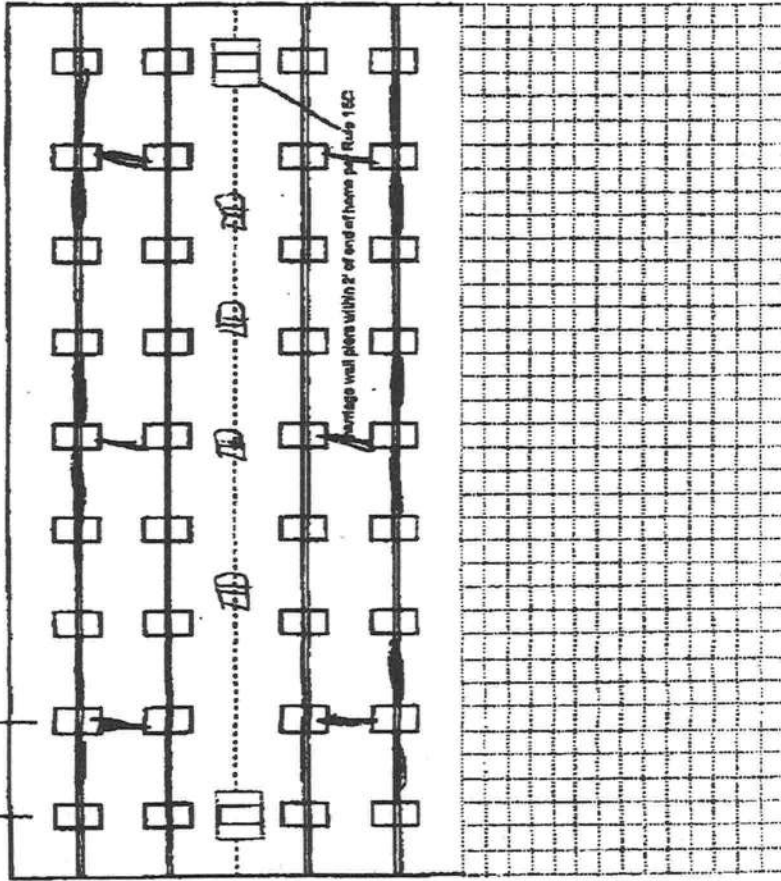
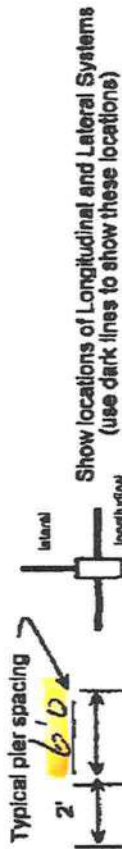
911 Address where home is being installed.

Manufacturer Live Oak Length x width 28' x 68'

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



386-7551439
3867551031

Wendy Grennell

Robert
Jul 13 11 07:53p
Jul 13 11 08:48p

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 # 8662

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	16" x 16" (256)	16 1/2" x 16 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	28" x 28" (676)
1000 lbs	3'	4'	5'	6'	7'	8'
1500 lbs	4'	5'	6'	7'	8'	9'
2000 lbs	5'	6'	7'	8'	9'	10'
2500 lbs	6'	7'	8'	9'	10'	11'
3000 lbs	7'	8'	9'	10'	11'	12'
3500 lbs	8'	9'	10'	11'	12'	13'

* 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 _____

ANCHORS

4 ft ☒ 6 ft ☐

FRAME TIES

within 2' of end of home spaced at 5' 4" oc ☒

OTHER TIES

Number _____

Sidewall _____

Longitudinal _____

Marriage wall _____

Shearwall _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer Live Oak

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 pcf or check here to declare 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 7-13-11

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. 28

Site Preparation

Debris and organic material removed ☒

Water drainage: Natural ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1995 Length: 5 Spacing: 16"

Walls: Type Fastener: 302-5 Length: 4 Spacing: 16"

Roof: Type Fastener: 1995 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 (weatherstripping 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 ☒

Weatherstripping

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 22

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 ☐

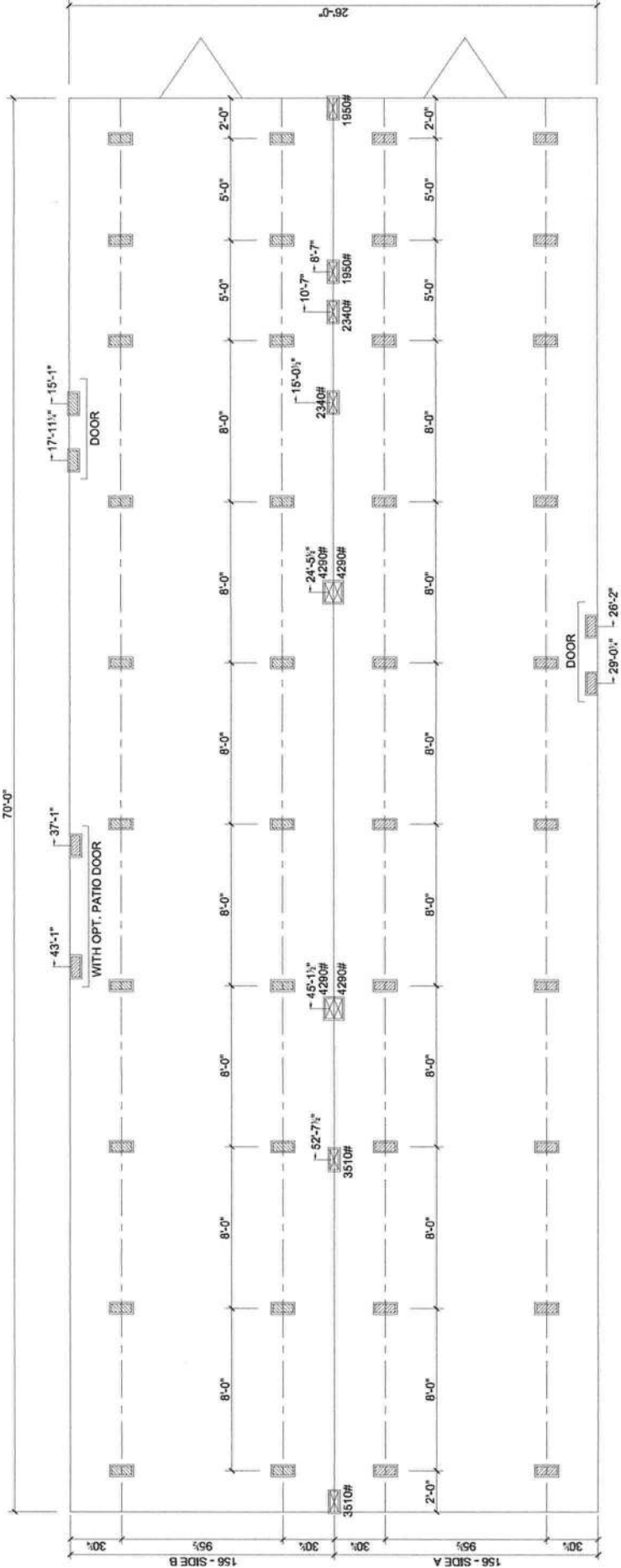
Drain lines supported at 4 foot intervals. Yes ☒ N/A ☐

Electrical crossovers protected. Yes ☒

Other: ☐

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

Installer Signature Robert Sheppard Date 7-13-11



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP

10-4-2010

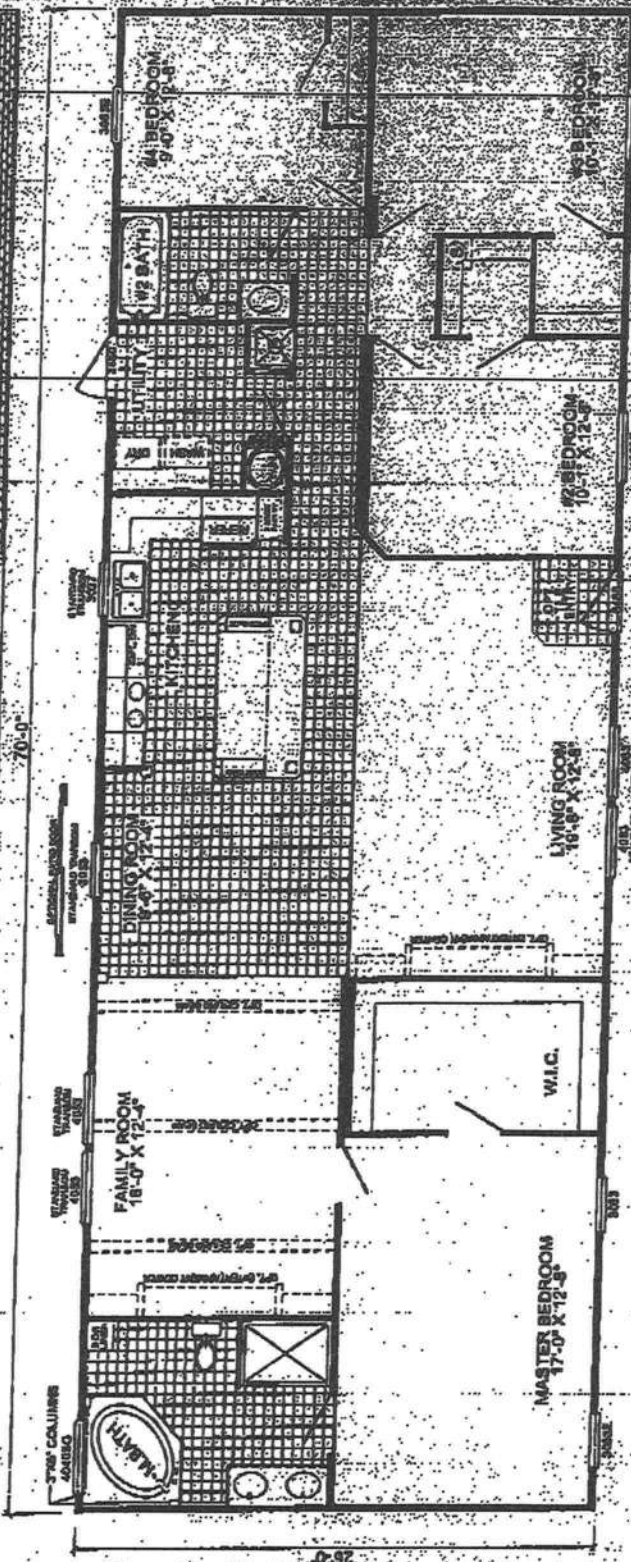
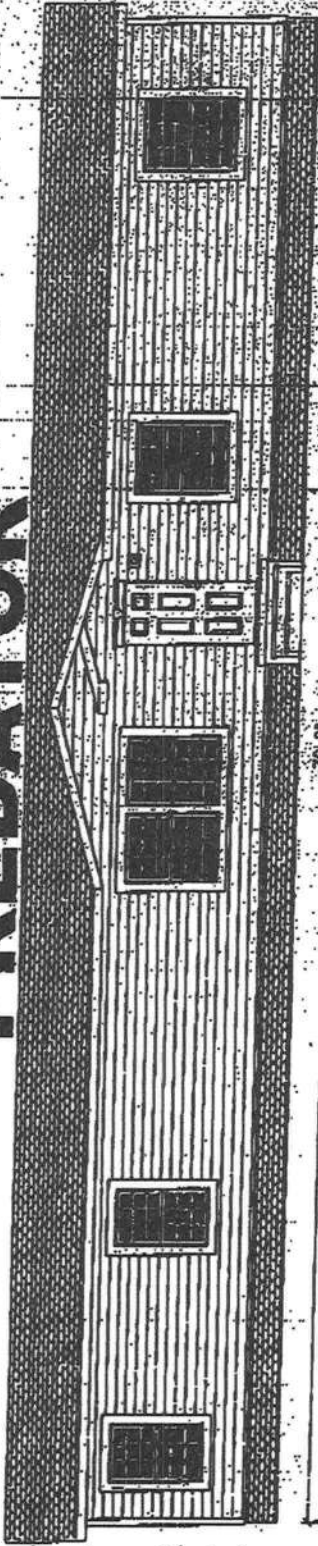
FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

- | | |
|------------------------------|---|
| (A) MAIN ELECTRICAL | (G) DUCT CROSSOVER |
| (B) ELECTRICAL CROSSOVER | (H) SEWER DROPS |
| (C) WATER INLET | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY) | |
| (F) GAS CROSSOVER (IF ANY) | |

Live Oak Homes
MODEL: L-2704A - 28 X 74
4-BEDROOM / 2-BATH

L-2704A

PREDATOR



L-2704A
4-BEDROOM / 2-BATH
28' X 74' - Approx. 1820 Sq. Ft.

Date: 04/12/2010

* All room dimensions include closets and square footage figures are approximate.
 * Window, window are available on optional 6'0" standard houses only.



OPT. DREAM
 CLOSET SYSTEM

Sep 15 11 09:03a
09/15/2011 11:02
Sep 14 11 11:36a
Jul 13 11 08:49p
Jul 13 11 07:53p

Wendy Grennell
Wendy Grennell
Wendy Grennell

3867551031
3867551031
3867551031

P.1

P.2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1109-25 CONTRACTOR Robert Skipp 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 from the 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 210	Print Name: <u>John M. Coulson</u> License #: <u>FL 0002038</u>	Signature: <u>[Signature]</u> Phone #: <u>386-752-9375</u>
☐ MECHANICAL/A/C	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
☒ PLUMBING GAS	Print Name: <u>Robert Skipp</u> License #: <u>IC 1025386</u>	Signature: <u>[Signature]</u> Phone #: <u>386-623-2203</u>

MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permit; 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 440.39, and shall be presented each time the employer applies for a building permit.

Subcontractor Form, 1/01

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1109-25

CONTRACTOR

Robert Siegfried

PHONE 306 623-2203

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>See other page</u>	License #: <u>SEE OTHER PAGE</u>	Signature: <u>[Signature]</u>	Phone #: <u></u>
MECHANICAL/ A/C 701	Print Name: <u>Robert Grant</u>	License #: <u>CAC1814931</u>	Signature: <u>[Signature]</u>	Phone #: <u>800 859 3708</u>
PLUMBING/ GAS 678	Print Name: <u>Robert Siegfried</u>	License #: <u>241025326</u>	Signature: <u>[Signature]</u>	Phone #: <u>623-2203</u>

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.

Contractor's Form: Subcontractor Form 1/11

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@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: 9/15/2011 DATE ISSUED: 9/16/2011

ENHANCED 9-1-1 ADDRESS:

1780 SE PEACOCK TER
LAKE CITY FL 32025
PROPERTY APPRAISER PARCEL NUMBER:
26-4S-17-08749-456

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.

2078

Permit Application Number.

PART II - SITEPLAN

[illegible]

Notes: _____

Site Plan submitted by:

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 10.13.11

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia CHD

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 26-4S-17-08749-156

Building permit No. 000029730

Permit Holder ROBERT SHEPPARD

Owner of Building MARY & JOSEPH JOHNSON

Location: 1780 SE PEACOCK TERRACE, LAKE CITY, FL 32025

Date: 10/17/2011



Ray Curran

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

DATE 10/13/2011

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

PERMIT
000029730

APPLICANT WENDY GRENNELL PHONE 288-2428
ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038
OWNER MARY & JOSEPH JOHNSON PHONE 752-0463
ADDRESS 1780 SE PEACOCK TERR LAKE CITY FL 32025
CONTRACTOR ROBERT SHEPPARD PHONE 623-2203
LOCATION OF PROPERTY 441 S, L CR 133-C, L PEACOCK TERR, PROPERTY ON LEFT SEE MAILBOX #1780
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 Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 26-4S-17-08749-156 SUBDIVISION BRANDON HEIGHTS
LOT 6 BLOCK PHASE UNIT TOTAL ACRES 0.50

IH1025386
Culvert Permit No. Culvert Waiver Contractor's License Number X Wendy Grennell Applicant/Owner/Contractor
EXISTING 11-0421-M BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

SECTION 2.3.1 REPLACING EXISTING MH

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 Lc H CLERKS OFFICE CH

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.