

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LC Building Official TIM 2/12/18
 AP# 1802-23 Date Received 2-7-18 By Ut Permit # 36333 / 2544
 Flood Zone X Development Permit _____ Zoning RR Land Use Plan Map Category RVLD
 Comments _____

FEMA Map# _____ Elevation _____ Finished Floor labore road River _____ In Floodway _____
 Recorded Deed or Property Appraiser PO Site Plan DEH # 18-0097 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 on Property Out County In County Sub VF Form

Property ID # 22-4S-16-03090-321 Subdivision Blaine Estates PH 3 Lot# 21

- New Mobile Home Used Mobile Home _____ MH Size 30 X 76 Year 2018
- Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311
- Address 546 SW Dortch Street, Fort White, FL, 32038
- Name of Property Owner Nancy Evatte Phone# 904-708-3628
- 911 Address 388 SW JANUARY DR, LAKE CITY, FL 3204
- Circle the correct power company - FL Power & Light - (Clay Electric) ✓
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Same Phone # Same
 Address 2120 Chaffee Road South, Jacksonville, FL, 32221
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 208 X 210 Total Acreage 1
- 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 47 South, TR CR 242, TR Friendship Way, TR Buchanan Drive, TR Mason, Straight across road from stop sign

- Name of Licensed Dealer/Installer Richard Rayborn Phone # 352-257-1282
- Installers Address 11381 N Linda Marie Terrace, Dunnellon, FL, 34433
- License Number IH-1025436 Installation Decal # 48209

sent email 2-12-18
 690-84

COLUMBIA COUNTY PERMIT WORKSHEET

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

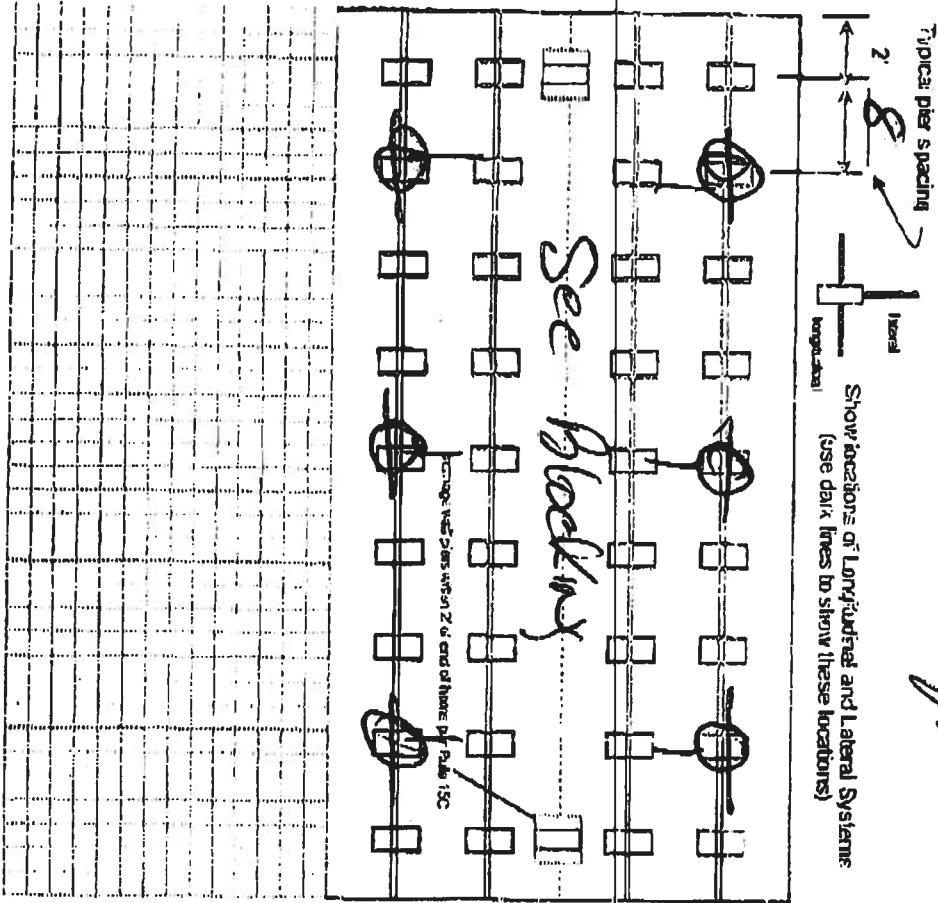
Installer Richard Laybourn License # 1H1025436

City Address where units being installed SUNSHINE DR

Manufacturer Blind Baron Length x width 32X76

Additional information: See notes on page 2 of the blocking plan. The side rail has exceeded 5 ft 4 in.

Installer's initials RL



New Home Used Home

Home built to the manufacturer's Installation Manual

Home is installed in accordance with Rule 15C

Single wide Wind Zone I Wind Zone III

Double wide Installation Decal # 48205

Triple/Quad Serial # 20338 AB

PIER SPACING TABLE FOR USED HOMES

Board bearing capacity (sq in)	10' x 16'	10 1/2' x 18'	20' x 20'	22' x 22'	24' x 24'	26' x 26'
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	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'

PIER PAD SIZES

I-beam pier pad size 2X25

Dimension pier pad size _____

Other pier pad sizes (required by the mfg.) _____

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 doors Pier pad size 16X16

NEEDHAM COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Blind Baron

Longitudinal Marriage wall Manufacturer Blind Baron

OTHER TIES

Number _____

FRAME TIES

4 ft _____

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

Permit Application Number _____

EWASTE

PART II - SITEPLAN

VACANT

710'

Scale: 1 inch = 40 feet.

15' BASEMENT WEST

MASON

DRIVE

DRIVE

North ↑

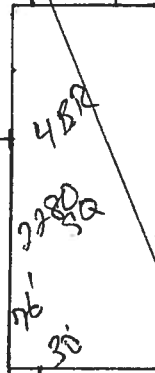
100'

93'



BM

94'



WELL 110

155'

208'

58'

5' SLOPE

RETENTION POND

10' BASEMENT NORTH/EAST/SOUTH / 45'

Notes: _____

Site Plan submitted by: _____

Rocky D F

MASTER CONTRACTOR

Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy

1802-23



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **2/7/2018 3:09:34 PM**
Address: **388 SW JANUARY Dr**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03090-321**

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125

Email: gis@columbiacountyfla.com

RECORDATION REQUESTED BY/RETURN TO:
FIDELITY NATIONAL TITLE AGENCY INC.
8501 WADE BLVD., SUITE 1050
FRISCO, TX 75034
GF - 9000131800008

Prepared By:
NATALIE PALACIOS, BC LAW
1181 CALIFORNIA AVE, STE #185
CORONA, CA 92881

Inst: 201812002351 Date: 02/06/2018 Time: 10:23AM
Page 1 of 3 B: 1352 P: 2660, P.DeWitt Cason, Clerk of Court
Columbia County, By: RD
Deputy Clerk/Doc Stamp-Deed: 129.50

Property Appraiser's Parcel ID No.: 22-4S-16-03090-321

FOR RECORDER'S USE ONLY

WARRANTY DEED

For good consideration in the amount of \$18,500.00, I (we) DANIEL CRAPPS AND L. JAMES CHERRY, TRUSTEE OF THE CR-242 LAND TRUST DATED NOVEMBER 14, 1996 hereby bargain, deed and convey to NANCY E. EVATTE, AN UNMARRIED WOMAN, whose mailing address is 3120 Chaffee Road South, Jacksonville, FL 32224, the following described land in COLUMBIA County, State of Florida, free and clear with WARRANTY COVENANTS; to wit:

LOT 21, BLAINE ESTATES, PHASE III, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 8 PAGE(S) 132 THROUGH 134, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

APN: 22 4S-16-03090-321

PROPERTY ADDRESS: 388 SOUTHWEST JANUARY DRIVE, LAKE CITY, FL 32024

Grantor, for itself and its heirs, hereby covenants with Grantee, its heirs, and assigns, that Grantor is lawfully seized in fee simple of the above-described premises; that it has a good right to convey; that the premises are free from all encumbrances; that Grantor and its heirs, and all persons acquiring any interest in the property granted, through or for Grantor, will, on demand of Grantee, or its heirs or assigns, and at the expense of Grantee, its heirs or assigns, execute and instrument necessary for the further assurance of the title to the premises that may be reasonably required, and that Grantor and its heirs will forever warrant and defend all of the property so granted to Grantee, its heirs, against every person lawfully claiming the same or any part thereof.

TOGETHER with all and singular, the tenements, hereditaments and appurtenances thereunto belonging or appertaining; and every right, title or interest, legal or equitable, of the seller(s), of in and to the same.

TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's assigns forever, with all appurtenances thereunto belonging.

WITNESS the hands and seal of said Grantors this 29 day of January, 2018.

[Signature]
DANIEL CRAPPS, TRUSTEE

L. JAMES CHERRY, TRUSTEE

[Signature]
Printed Witness Name Lisa Hicks

Witness Signature

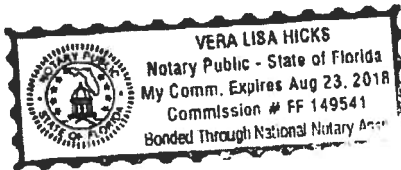
[Signature]
Printed Witness Name Mary Lyons

Witness Signature

STATE OF FLORIDA
COUNTY OF Columbia } ss.

The foregoing instrument was acknowledged before me this 29 day of Jan, 2018, by DANIEL CRAPPS, TRUSTEE and ~~L. JAMES CHERRY, TRUSTEE~~ who is personally known to me or who has produced a PK as identification.

(Seal)

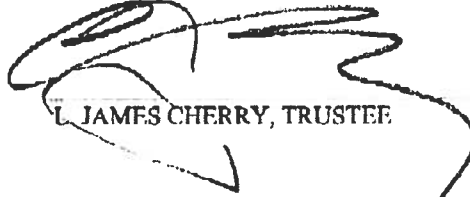


[Signature]
Notary Public
Printed Name: Vera Lisa Hicks
My Commission Expires: 8-23-18
Commission # FF 149541

WITNESS the hands and seal of said Grantors this 29th day of Jan, 20 18

MAW

~~_____~~
DANIEL CRAPPS, TRUSTEE


L. JAMES CHERRY, TRUSTEE

Printed Witness Name

Mary A. Wellington - *Mary A. Wellington*
Witness Signature

Printed Witness Name

Rick Beltz
Witness Signature

STATE OF FLORIDA }
COUNTY OF LEON } SS.

The foregoing instrument was acknowledged before me this 29th day of Jan, 20 18, by ~~DANIEL CRAPPS, TRUSTEE~~ ^{*MAW*} and L. JAMES CHERRY, TRUSTEE who is personally known to me or who has produced a FL Drivers License as identification.

(Seal)



Mary A. Wellington
Notary Public
Printed Name: *Mary A. Wellington*
My Commission Expires: 1-24-2021
Commission # GG 050120

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

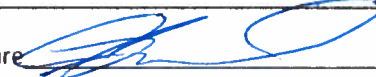

APPLICATION NUMBER 1502-23 CONTRACTOR Richard Rayborn PHONE 352-257-1282

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Evatte

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>Micheal Reader / Madison Services</u> Signature  License #: <u>EC13002315</u> Phone #: <u>850-973-0111</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Michael Boland / Ace A/C of Ocala</u> Signature  License #: <u>CAC1817716</u> Phone #: <u>352-274-9326</u> Qualifier Form Attached <input checked="" type="checkbox"/>

Qualifier Forms cannot be submitted for any Specialty License.

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

LICENSED QUALIFIER AUTHORIZATION

I, Michael A. Boland (license holder name), licensed qualifier for ACE A/C & COOLING LLC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation, or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits, call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>DALE BIRD</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>[Signature]</u>
3. <u>[Signature]</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

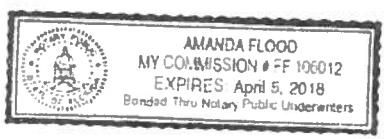
Michael A. Boland
 Licensed Qualifiers Signature (Notarized) License Number CA1817716 ES 200420 Date 11/17/15

NOTARY INFORMATION
 STATE OF Florida COUNTY OF Marion

The above license holder, whose name is Michael A. Boland personally appeared before me and is known by me or has produced identification (type of ID) _____ on this 17th day of November, 20 15

Amanda Flood
 NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael Leader (license holder name), licensed qualifier
 for Madison Services LLC (company name), do certify that
 the below referenced person(s) listed on this form is/are contracted/hired by me, the license
 holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
 officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
 person(s) is/are under my direct supervision and control and is/are authorized to purchase and
 sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Richard Ford</u>	1. <u>[Signature]</u>
2. <u>Natalie Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and
 Local Ordinances. I understand that the State and County Licensing Boards have the power and
 authority to discipline a license holder for violations committed by him/her, his/her agents,
 officers, or employees and that I have full responsibility for compliance with all statutes, codes
 and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
 officer(s), you must notify this department in writing of the changes and submit a new letter of
 authorization form, which will supersede all previous lists. Failure to do so may allow
 unauthorized persons to use your name and/or license number to obtain permits.

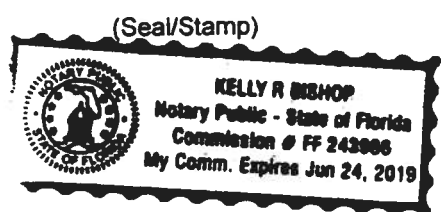
[Signature] License Qualifiers Signature (Notarized) EL13702515 License Number 11/2/15 Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Leader,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this 2 day of Nov, 2015.

[Signature]
 NOTARY'S SIGNATURE



A & B Well Drilling, Inc.
5673 NW Lake Jeffery Road
Lake City, FL, 32055
(O) 386-758-3409
(F) 386-758-3410
(C) 386-623-3151

2/5/2018

To: Columbia County Building Department

Description of well to be installed for Customer: EWATT
Located at Address: SW JANUARY DR

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.



Sincerely
Bruce Park
President

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

Permit Application Number 18-0097

EVAATE

PART II - SITEPLAN

MAINT

210'

Scale: 1 inch = 40 feet.

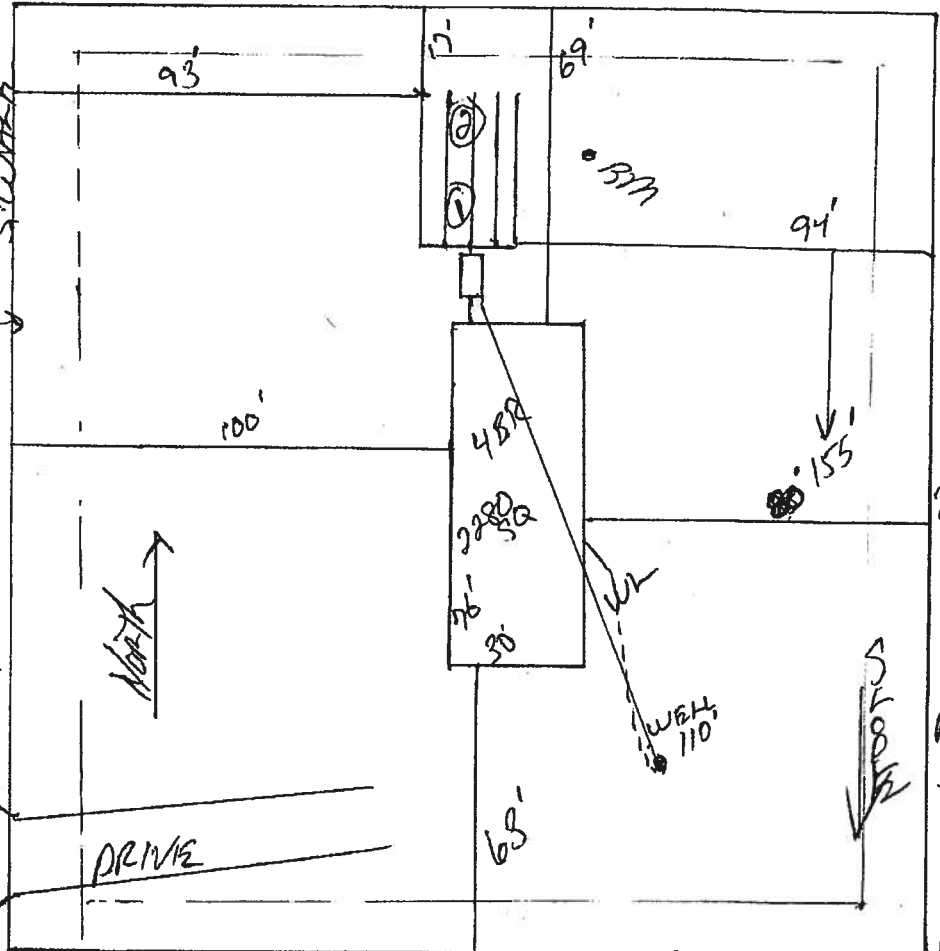
15' EASEMENT WEST

MASON

DRIVE

DRIVE

North ↑



Notes:

RETENTION POND
10' EASEMENT NORTH/EAST/SOUTH 45'

Site Plan submitted by: Rocky D F

MASTER CONTRACTOR

Plan Approved [Signature] Not Approved _____

Date 2/12/18

By [Signature] Celebrus

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. 18-0097 DATE PAID: 2/1/18 FEE PAID: 310.00 RECEIPT #: 1322455

APPLICATION FOR:

- [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []

APPLICANT: Nancy Evatte

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 21 BLOCK: na SUB: Blaine Estates PH 3 PLATTED: 2/1/04

PROPERTY ID #: 22-4S-16-03090-321 ZONING: I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 388 SW January Dr, LC, 32024

DIRECTIONS TO PROPERTY: 47 South, TR CR 252, TR Friendship Way, TR Buchanan Dr, TR Mason, Straight across street from stop sign

BUILDING INFORMATION

[X] 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 Residential 4 2280

2

3

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

SIGNATURE: Rocky D Ford DATE: 2/5/2018