

DATE 05/20/2010

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

PERMIT
000028586

APPLICANT KELLI STAPLETON PHONE 352 472-6010
ADDRESS 808 SW TOMPLINS ST. LAKE CITY FL 32024
OWNER KELLI STAPLETON PHONE 352 472-6010
ADDRESS 808 SW TOMPLINS ST. LAKE CITY FL 32024
CONTRACTOR NANCY HALL PHONE 229 245-0700
LOCATION OF PROPERTY 90W, TL ON 252, TL MT. CARMEL, TR TOMPKINS, DRIVEWAY ON LEFT

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 RR MAX. HEIGHT
Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 16-4S-16-03025-015 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 9.50

000001818

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
CULVERT 10-239 BK HD Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Insulation date/app. by
Rough-in plumbing above slab and below wood floor date/app. by Electrical rough-in date/app. by
Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof 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 \$ 61.10 WASTE FEE \$ 83.75
FLOOD DEVELOPMENT FEE \$ 25.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ 25.00 TOTAL FEE 544.85
INSPECTORS OFFICE [Signature] 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

HD 5-20-10

For Office Use Only

(Revised 1-10-08)

Zoning Official BK 11.05.10

Building Official HD 5-10-10

AP# 1005-73

Date Received 5/6

By JW

Permit # 1818/ 28586

Flood Zone X

Development Permit N/A

Zoning RR

Land Use Plan Map Category BVLD

Comments

FEMA Map# N/A Elevation N/A Finished Floor N River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0239 ☒ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter

IMPACT FEES: EMS Fire Corr Road/Code

School = TOTAL 0 SUSPENDED

☒ License updated

Property ID # 16-45-16-03025-015 Subdivision

New Mobile Home ☒ Used Mobile Home MH Size 32X52 Year 2010

Applicant Kelli Stapleton Phone # (352) 472-6010

Address 808 SW Tompkins St - G.C. 32024

Name of Property Owner Russell Stapleton Phone # (386) 984-5649

911 Address 808 SW Tompkins St, Lake City, FL 32024

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

Name of Owner of Mobile Home Kelli Stapleton Phone # (386) 984-5649

Address 834 SW Tompkins St Lake City, FL 32024

Relationship to Property Owner Uncle

Current Number of Dwellings on Property 0

Lot Size 530 X 800 Total Acreage 9.5

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 (OWNES) 544.85

Driving Directions to the Property Hwy 90W past I-75 to 252 (TL) to Mt Carmel (TL) to SW Tompkins St (TR) Driveway on left.

Name of Licensed Dealer/Installer Nancy L. Hall Phone # 229-245-0700

Installers Address 3201 US Highway 84W, Uvalde, TX 78781

License Number IT 10252461 Installation Decal # 291952

Spoke to Gabe Spoke to Nancy 5/11/11

PERMIT WORKSHEET

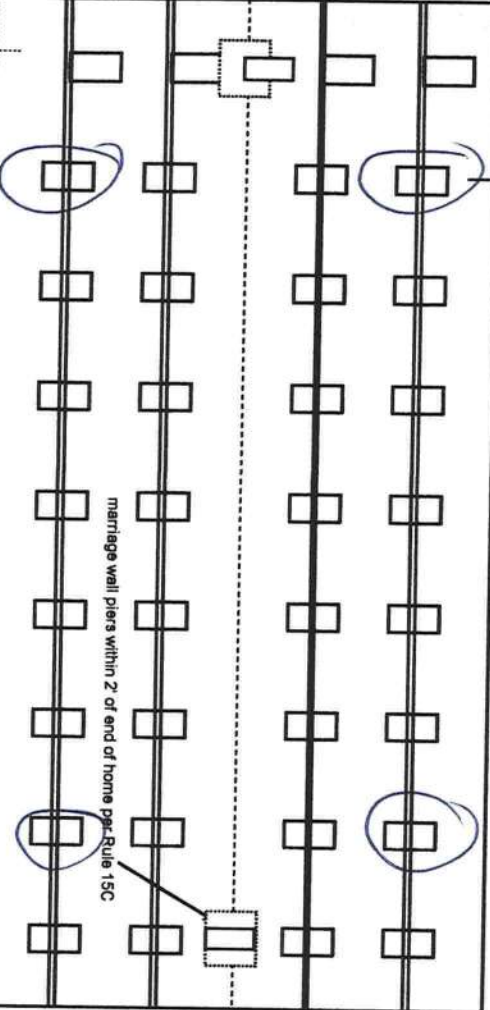
page 1 of 2

Installer Nancy L. Hill License # TH/105524611
 Manufacturer Destiny Length x Width 32x56
 Name of Owner of this Mobile Home Kelli Stapleton
 Phone 386-984 7127
 Address 808 Sw. Tompkins St. Lake City FL 32024

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 NLH



Longitudinal replaced with 4 1101-V All Steel Foundation Systems
 1101-V All Steel Foundation allows 4 ft anchors 5.4 inches on center and 5 ft anchors on marriage line where indicated
 Oliver Bernabe

New Home ☒ Used Home ☐ Year 2010
 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 # 291952
 Triple/Quad ☐ Serial # DIS1404537 6AAB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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 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'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 24x24
 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 this symbol to show the piers.

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

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 20 5 ft 4

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

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

Sidewall Marriage wall Shearwall
 Number 20
KN2
4-5

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf 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 350 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 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.

AWD Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name MANUEL VALLI

Date Tested 5-19-10

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. 7-5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 7-3

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 7-1

Site Preparation

Debris and organic material removed ☒ Swale YES Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: Leabolt's Length: 5 1/2" x 1/4" Spacing: 12-16"
Walls: Type Fastener: H-Strip Length: 2 1/4" x 3/8" Spacing: 24"
Roof: Type Fastener: M.S. Strip Length: 2 1/4" x 8" Spacing: 24"
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 MB

Installed:

Type gasket Team 3"
Pg. YES

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 [Signature]

Date 5-19-10



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, Nancy L. Hall, give this authority for the job address show below
Installer License Holder Name

only, 808 SW Tompkins St. Lake City FL 32024, 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)
Kelli Stapleton	Kelli Stapleton	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

Nancy L. Hall
License Holders Signature (Notarized)

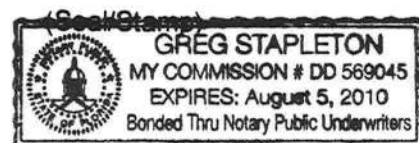
IH 1025246/1 5-19-10
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is NANCY L. HALL, personally appeared before me and is known by me or has produced identification (type of I.D.) KNOWN BY MTC on this 19 day of MAY, 20 10.

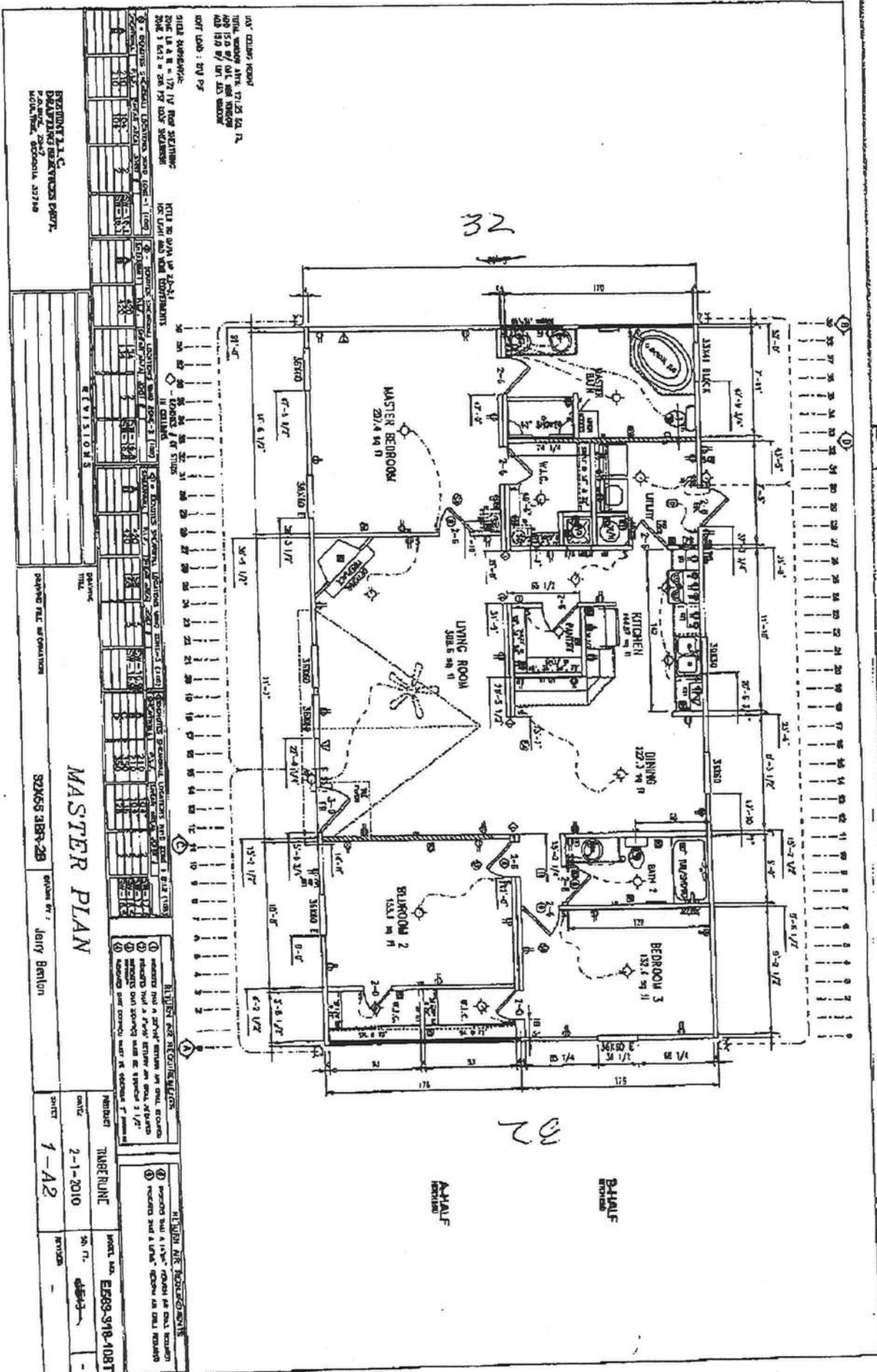
Greg Stapleton
NOTARY'S SIGNATURE



25. 2010 12:16PM

Nc. 9663 P. 1

DISHD4537GAAB



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: 2/12/2010 DATE ISSUED: 2/17/2010

ENHANCED 9-1-1 ADDRESS:

808 SW TOMPKINS ST

LAKE CITY FL 32024


PROPERTY APPRAISER PARCEL NUMBER:

16-4S-16-03025-022

Remarks:

PARENT PARCEL 16-4S-16-03025-007

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.

Warranty Deed

Made this 20th day of October, 2009 BETWEEN GREGORY L. STAPLETON AND NANCY T. STAPLETON, his wife whose address is 834 S.W. Tompkins Street, Lake City, FL 32024 of the County of COLUMBIA, State of FLORIDA, grantor and RUSSELL STAPLETON whose address is P.O. Box 4560, Lago Vista, TX 78645 of The County of TRAVIS, State of Texas, grantee. Property is not the homestead of The grantors.

Witnesseth: That said grantors, for and in consideration of fifty five thousand and 00/100 dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee's heirs, successors and assigns forever, the following described land, situate and lying and being in COLUMBIA County, Florida to wit:

TOWNSHIP 4 SOUTH, RANGE 16 EAST

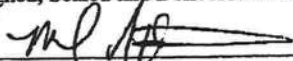
SECTION 16: Begin at the NE corner of the NE1/4 of the NW1/4, Section 16, Township 4 South, Range 16 East, thence run Westerly along the North line of said Section 16, 1055.24 feet, thence run Southerly 496.69 feet for the POINT OF BEGINNING, thence run Southerly 49.31 feet, thence run Westerly 413.05 feet, thence run Southerly 774 feet, more or less, to the South line of the NW 1/4 thence run Easterly 530 feet, more or less, to a point 965 feet West of the SE corner of the NE1/4 of the NW1/4, thence run Northerly 823.31 feet, thence run Westerly 116.95 feet, more or less to the POINT OF BEGINNING.

Containing 9.55 acres more or less. Parcel i.d. #16-4S-16-03025-015

And, said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, Sealed and Delivered in Our Presence.


Witness Signature

Michael J. Qualk
Print Name of Witness


Gregory L. Stapleton, Grantor


Witness Signature

Vicki G. Bowman
Print Name of Witness

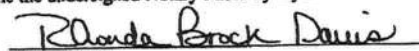

Nancy T. Stapleton, Grantor

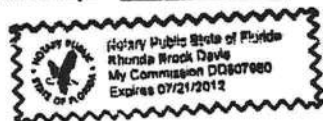
Inst: 200912017717 Date: 10/22/2009 Time: 12:07 PM
Doc: Stamp-Deed: 385 00
DC, P. DeWitt Casson, Columbia County Page 1 of 1 B: 1182 P: 2327

STATE OF FLORIDA COUNTY OF COLUMBIA

I, HEREBY CERTIFY that on the day of October 20, 2009 before me personally appeared GREGORY L. STAPLETON and NANCY T. STAPLETON, HIS WIFE who is personally known to me, who is the person described in and who executed the foregoing instrument, and who, after being duly sworn, says that the execution hereof is his/her free act and deed for the uses and purposes herein mentioned and an oath was/was not taken.

SWORN TO AND SUBSCRIBED before me the undersigned Notary Public by my hand and official seal, the day and year last aforesaid.
My Commission Expires: _____


Notary Public



AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

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

Tax Parcel No. 16-45-16-03025-015

Subdivision (name, lot, block, phase) _____

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

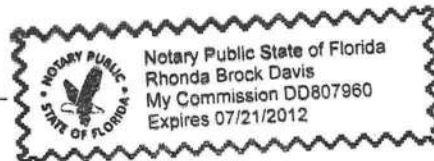
I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Russell Stapleton
Owner

Owner

SWORN AND SUBSCRIBED before me this 5th day of May,
2010. This (these) person(s) are personally known to me or produced
ID _____.

Rhonda Brock Davis
Notary Signature



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1005-13

CONTRACTOR Christopher Olin

PHONE (904) 334-431

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>Kelli Stapleton</u> License #: <u>owner</u>	Signature <u>Kelli Stapleton</u> Phone #: <u>(386) 984-5649</u>
MECHANICAL/ A/C	Print Name <u>Kelli Stapleton</u> License #: <u>owner</u>	Signature <u>Kelli Stapleton</u> Phone #: <u>(386) 984-5649</u>
PLUMBING/ GAS	Print Name <u>Kelli Stapleton</u> License #: <u>owner</u>	Signature <u>Kelli Stapleton</u> Phone #: <u>(386) 984-5649</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

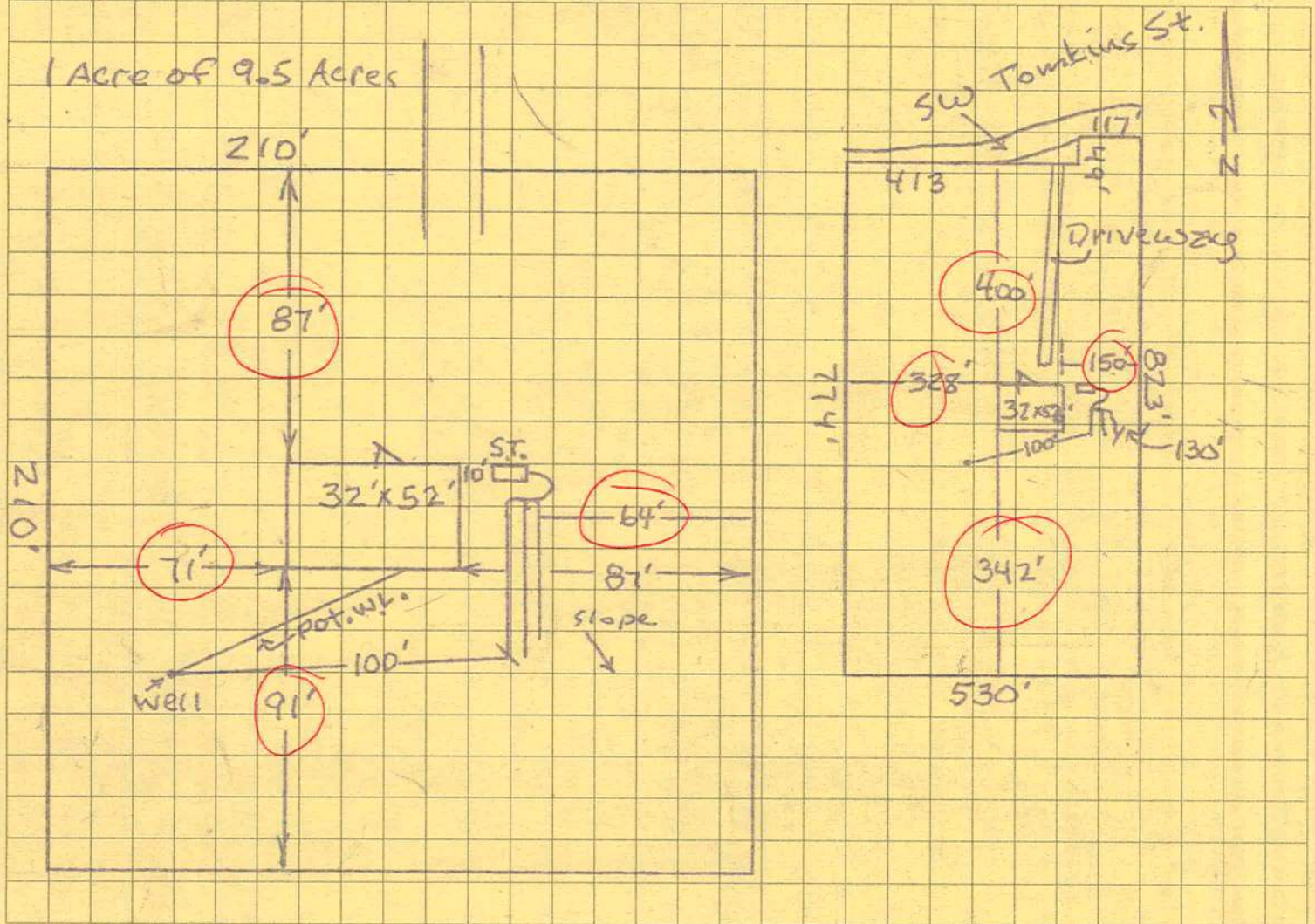
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Kelli Stapleton

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

Scale: Each block represents ^{12.5}10 feet and 1 inch = ⁵⁰40 feet.



Notes: All new Systems 32' x 56'

Site Plan submitted by: [Signature] 05-06-10

Plan Approved _____ Signature Not Approved _____

By _____ Date _____ Title _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

May 07 10 07:53a

Rob/Nancy

(352)472-0104

p.1

May 07-10 06:52a

Roundman's Pump Repair

386-362-4680

p.1

(386) 362-7365 BUS.

A SQUARE DEAL IN A ROUND HOLE (386)



(386) 362-8376 Mob.

**Roundman's Pump Repair
and Well Drilling**
381 48th Street

14381 48th Street • Live Oak, Florida 32060

APP#
1005-13

[illegible]

Thank You

N. Fla. Printing - 76489



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

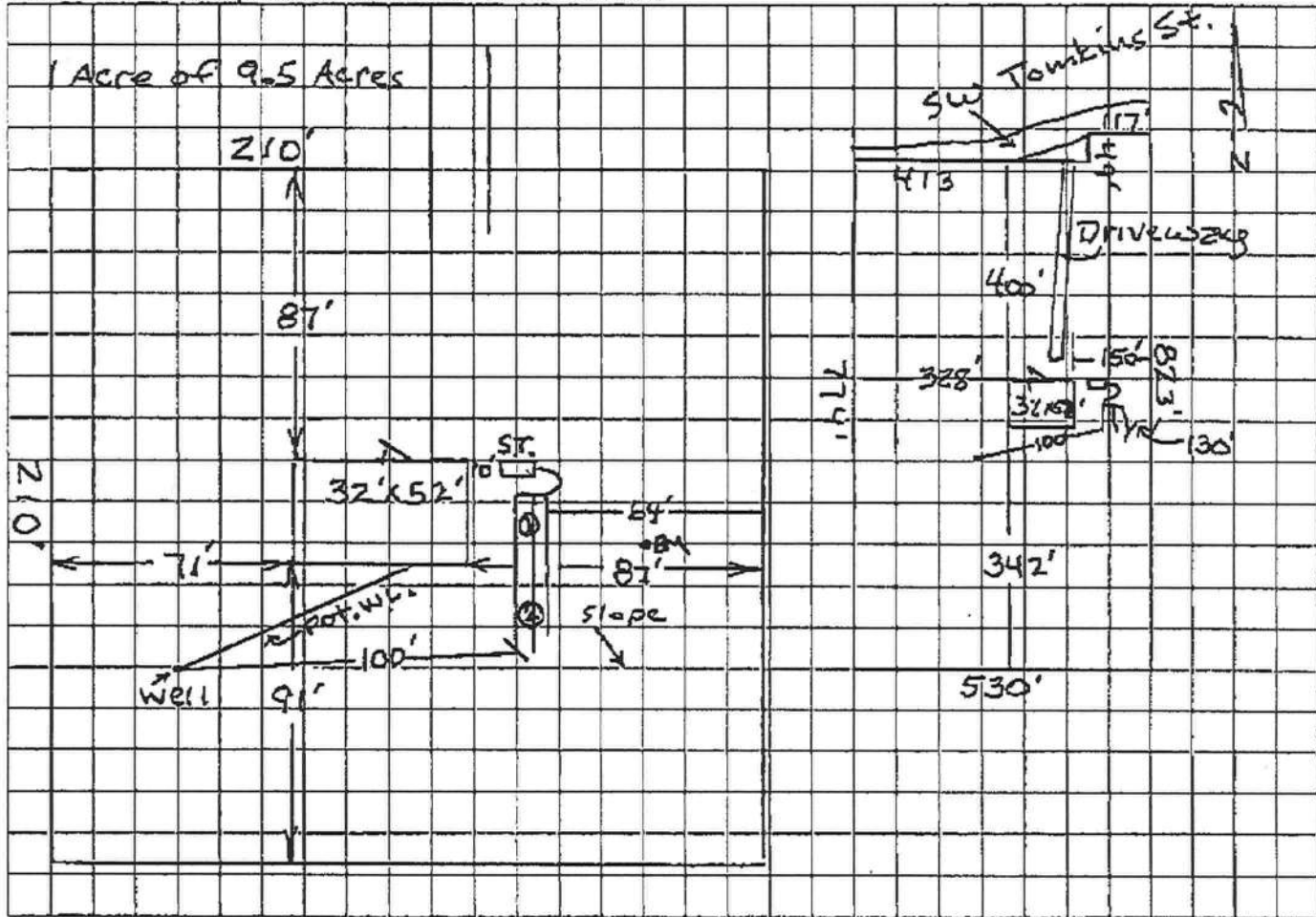
App# 1005-13

Permit Application Number 10-0239

Kelli Stapleton

PART II - SITEPLAN

Scale: Each block represents ^{12.5}~~10~~ feet and 1 inch = ⁵⁰~~40~~ feet.



Notes: All new Systems 32' x 56'

Site Plan submitted by: Robert M. Smith 05-06-10

Plan Approved X Signature Not Approved

By [Signature] Columbia

Agent

Date 5/19/10

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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 16-4S-16-03025-015

Building permit No. 000028586

Permit Holder NANCY HALL

Owner of Building KELLI STAPLETON

Location: 808 SW TOMPKINS ST., LAKE CITY, FL

Date: 06/24/2010

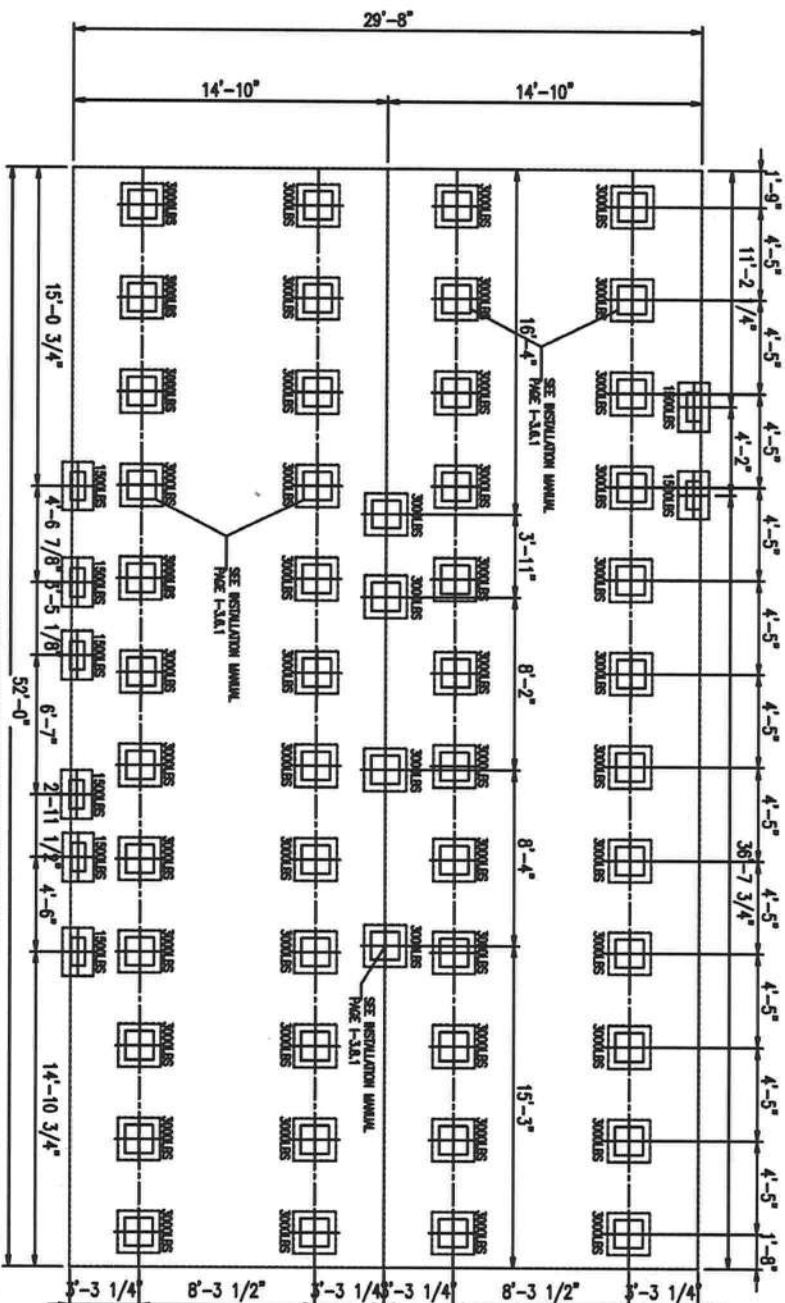
Nancy Dieke

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

SOIL BEARING LOAD 1000LBS
1500LBS=16"x16" ABS FOOTER
3000LBS=17.5"x25.5" ABS FOOTER



NOT TO SCALE
NOTE: SEE I-3.2
INSTALLATION MANUAL

MAXIMUM SPAN BETWEEN PERS UNDER I-BEAMS (FEET)				MAXIMUM CLEAR SPAN FOR WALKING LINE SUPPORTS (FEET)				OVAL PAD SIZES				MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR				1. THE ABS PADS MUST BE INSTALLED PER OLIVER TECHNOLOGIES INSTALLATION INSTRUCTIONS. 2. THE PIER LOADS APPLIED TO THE ABS PADS MAY NOT EXCEED THE VALUES NOTED IN THE CHART BELOW. 3. THE ABS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR INDIVIDUAL FOUNDATION PERS. 4. ABS PADS MAY BE COMBINED TO COVER A LARGER AREA. IN THIS CASE THE MAX. ALLOWABLE LOADS MUST BE COMBINED AS WELL. 5. IF THE REQUIREMENTS OF DESTINY NO. INSTALLATION MANUAL, CONFLICT WITH THE REQUIREMENTS OF THE OLIVER TECHNOLOGIES INSTALLATIONS THE MORE STRINGENT REG. SHALL BE USED.
PAD SIZE	PAD AREA (SQ. FT.)	SINGLE WIDE	BOX WIDTH (IN.)	PAD SIZE	PAD AREA (SQ. FT.)	SINGLE WIDE	BOX WIDTH (IN.)	16"x18.5"	17.5"x25.5"	21"x29"	24"x32"	1000 P.S.F.	1500 P.S.F.	2000 P.S.F.	3000 P.S.F.	
16"x18.5"	2.97	164	186	16"x18.5"	2.97	164	186	2,000	3,000	4,000	5,000	4,000	6,000	8,000	9,000	
17.5"x25.5"	4.56	186	254	17.5"x25.5"	4.56	186	254	3,000	4,000	5,000	6,000	6,000	8,000	10,000	11,000	
21"x29"	6.09	214	290	21"x29"	6.09	214	290	4,000	5,000	6,000	7,000	7,000	9,000	11,000	13,000	
24"x32"	7.71	244	320	24"x32"	7.71	244	320	5,000	6,000	7,000	8,000	8,000	10,000	12,000	14,000	
16"x16"	2.56	164	164	16"x16"	2.56	164	164	1,779	2,667	3,554	4,441	4,441	6,667	8,889	11,111	
18.5"x18.5"	3.42	186	186	18.5"x18.5"	3.42	186	186	2,347	3,521	4,694	5,867	5,867	8,799	11,665	14,531	
20"x20"	4.00	204	204	20"x20"	4.00	204	204	2,778	4,167	5,556	6,944	6,944	10,417	13,889	17,361	
24"x24"	5.76	244	244	24"x24"	5.76	244	244	4,000	6,000	8,000	10,000	10,000	15,000	20,000	25,000	