

43

☒ P.O.A. ON XAVIER E. BELL ☒ WORKSHEET FROM BERNIE  
**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

<b>For Office Use Only</b> (Revised 1-11)		Zoning Official <u>BLK 16 May 2014</u>		Building Official <u>TC 5-16-14</u>	
AP# <u>1405-31</u>	Date Received <u>5/14</u>	By <u>JW</u>	Permit # <u>31969</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments _____					
FEMA Map# <u>N/A</u> Elevation <u>N/A</u> Finished Floor <u>1' Above River</u> <u>N/A</u> In Floodway <u>N/A</u>					
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown <input checked="" type="checkbox"/> EH # <u>14-0262</u> <input type="checkbox"/> EH Release <input checked="" type="checkbox"/> Well letter <input type="checkbox"/> Existing well <input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner <input checked="" type="checkbox"/> Installer Authorization <input type="checkbox"/> State Rd Access <input checked="" type="checkbox"/> 911 Sheet <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> F W Comp. letter <input checked="" type="checkbox"/> App Fee Pd <input checked="" type="checkbox"/> VF Form <span style="float: right;">Electric BAC Signature</span>					
IMPACT FEES: EMS _____ Fire _____ Corr _____ <input checked="" type="checkbox"/> Out County <input type="checkbox"/> In County					
Road/Code _____ School _____ = TOTAL _Suspended March 2009_ <input type="checkbox"/> Ellisville Water Sys					

Property ID # 11-55-15-00431-223 Subdivision PINE WIND ESTATES - LOT 23-4-2

- New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 28x76 Year 2014
- Applicant ALBERT GRIFFIN Phone # 365.8271
- Address 6581 SW CL 242, LAKE CITY, FL 32024
- Name of Property Owner ALBERT GRIFFIN Phone# 365.8271
- 911 Address 233 SW DRAIL RIDGE CT, 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 ALBERT GRIFFIN Phone # 386 365.8271  
 Address 6581 SW CL 242, LAKE CITY, FL 32024
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 0
- Lot Size \_\_\_\_\_ Total Acreage 4.01
- 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 ☒
- Driving Directions to the Property 90-W to SR 247-S, TL TO DRAIL RIDGE TR AND IT'S THE 2ND LOT ON R.
- Name of Licensed Dealer/Installer BERNIE THRIFT Phone # 386.752.9561
- Installers Address 440 NW NYE HUNTER LN., LAKE CITY, FL 32055
  - License Number TH 1025155 Installation Decal # 116762

LN + TC SPOKE W/ ALBERT 5.16.14

\$531.85  
(Cash)

# 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 Bernie Thrift License # I#1025155

911 Address where home is being installed 233 SW QUAIL RIDGE CT

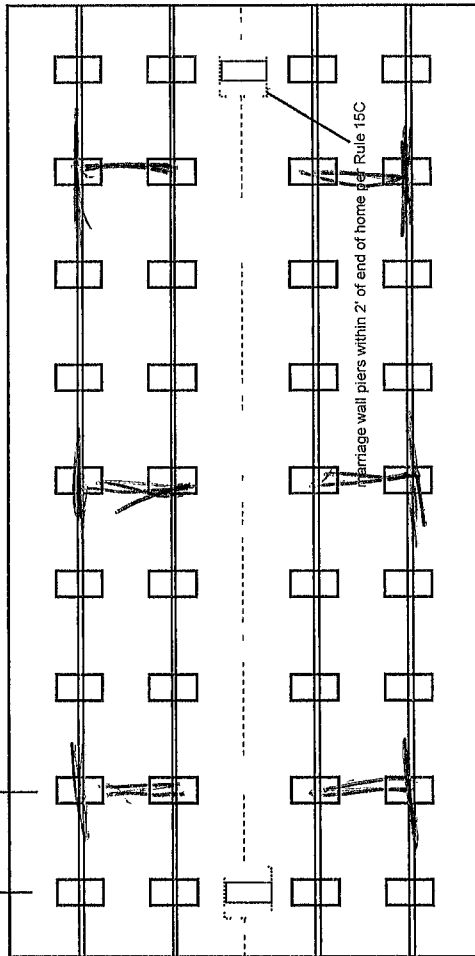
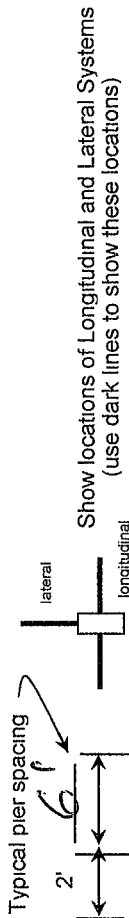
Manufacturer Town Home Length x width 76 X 28

City LAKE CITY, SC State 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 BT



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 # 16762

Triple/Quad ☐ Serial # 2688 A/B

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (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'	4'	5'	6'	7'	8'
1500 psf	4'	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

\* interpolated from Rule 15C-1 pier spacing table

## PIER PAD SIZES

I-beam pier pad size 17 X 25

Perimeter pier pad size 16 X 16

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 14' Pier pad size 17 X 25

## 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 5 ft

## FRAME TIES

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

## OTHER TIES

Number	Other Ties
30	Sidewall
6	Longitudinal
4	Marriage wall
2	Shearwall

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer model 1011L

Oliver Systems

# COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb soil \_\_\_\_\_ without testing

x 2000 x 2500 x 2500

## 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 2500 x 2500 x 2000

## TORQUE PROBE TEST

The results of the torque probe test is 2900 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 requires anchors with 4000 lb holding capacity

Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bernie Thair

Date Tested

5-14-14

## 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 5

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems Pg 5

## Site Preparation

Debris and organic material removed \_\_\_\_\_  
Water drainage Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

## Fastening multi wide units

	Type Fastener	Length	Spacing
Floor	<u>2x4s</u>	<u>7"</u>	<u>24"</u>
Walls	<u>#8 Lags</u>	<u>3"</u>	<u>18"</u>
Roof	<u>Flashing</u>	<u>36"</u>	<u>36"</u>

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

BT

Type gasket

Factory Installed

Installed

Between Floors Yes ✓

Between Walls Yes ✓

Bottom of ridgebeam Yes ✓

## Weatherproofing

The bottomboard will be repaired and/or taped Yes ✓ Pg 18  
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

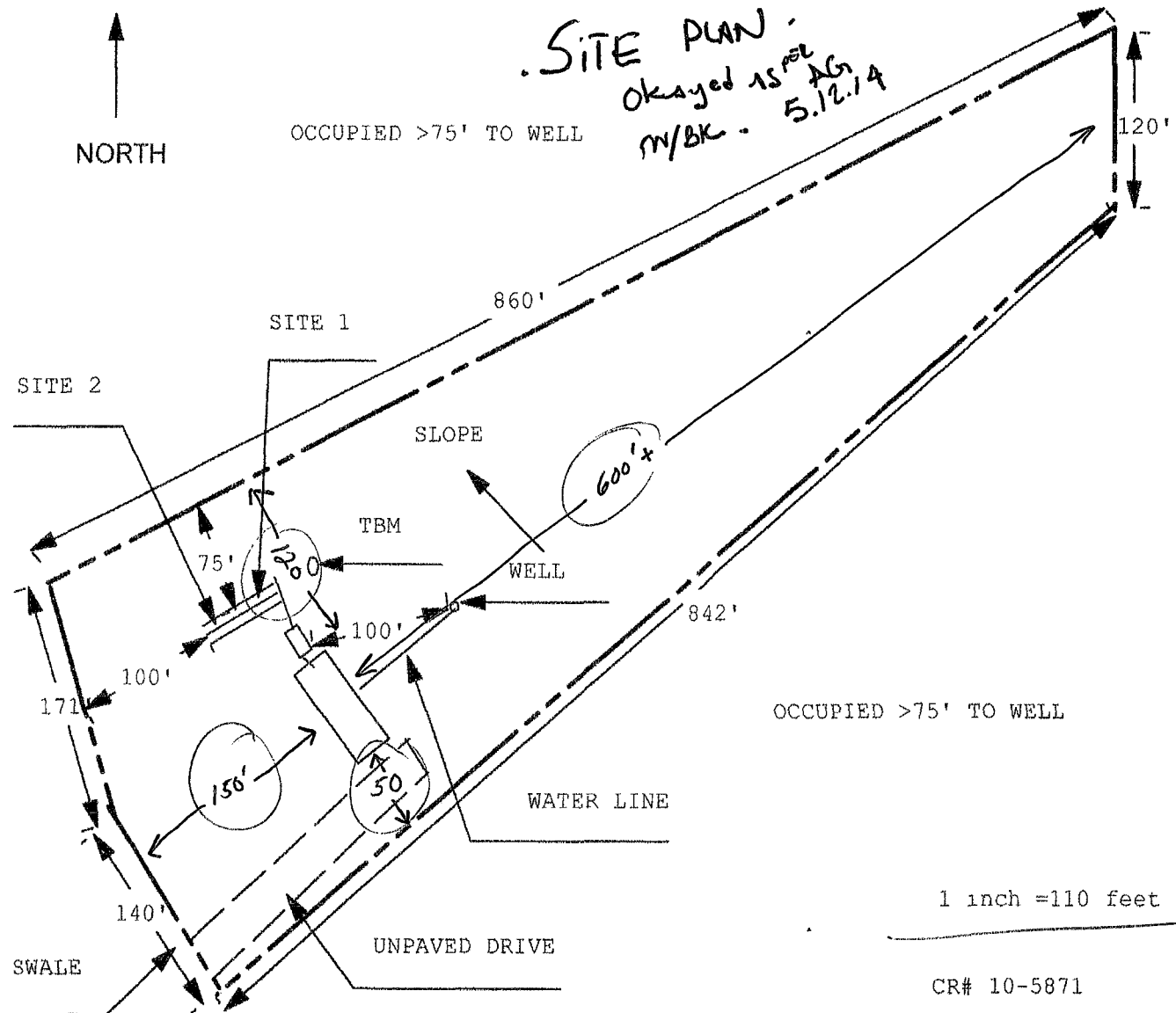
Bernie Thair

Date

5-14-14

**Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan**  
Permit Application Number: 14-02602

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT**



Site Plan Submitted By Paul R. [Signature]

Date 5/6/14

Plan Approved ✓

Not Approved

Date 5/13/14

By [Signature]

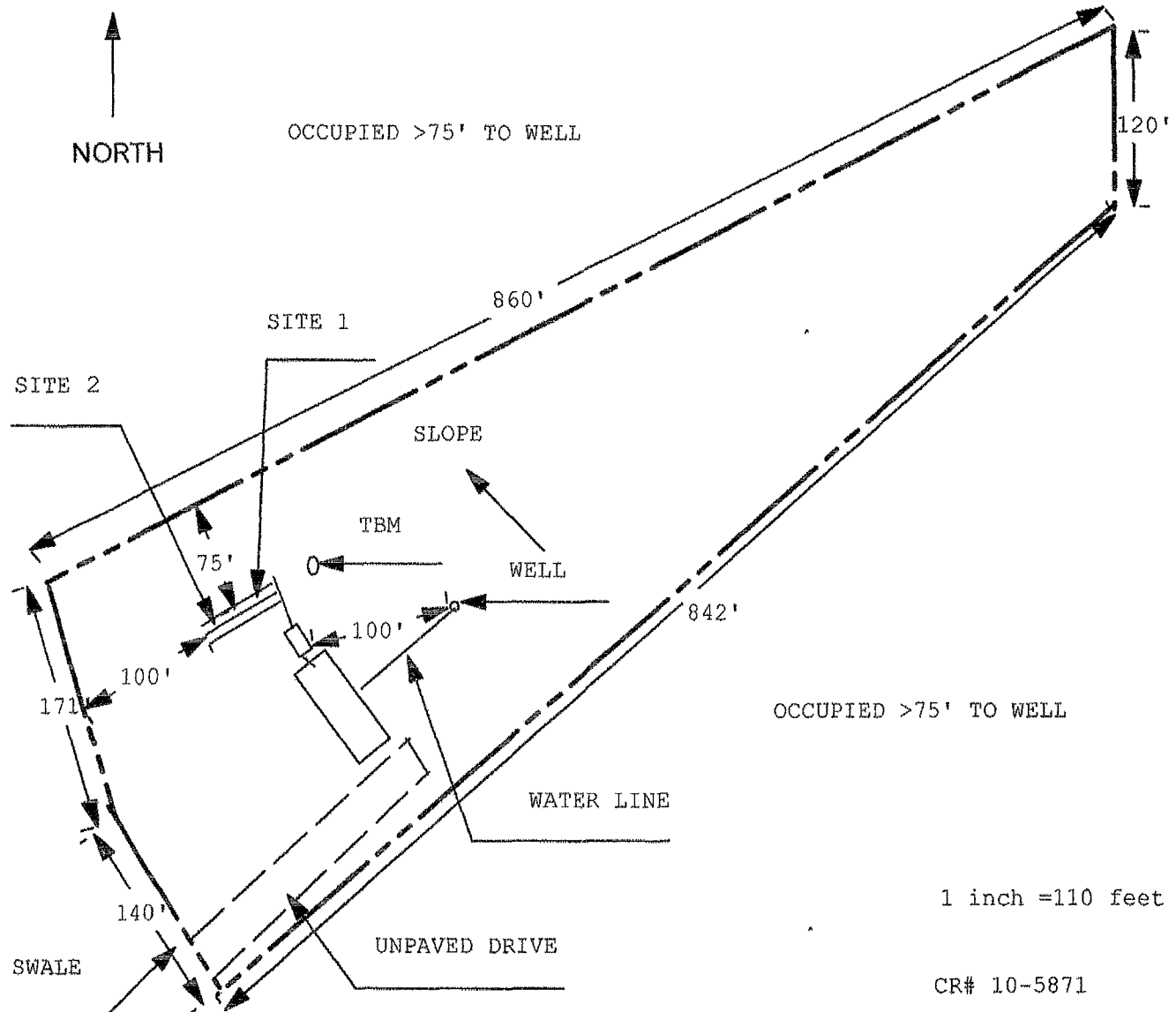
Columbia

CPHU

Notes: [Signature]

**Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan**  
Permit Application Number: 14-0262

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT**



Site Plan Submitted By Paul R. [Signature] Date 5/6/14  
Plan Approved y Not Approved \_\_\_\_\_ Date 5/13/14

By [Signature] Columbia CPHU

Notes: [Signature]



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-5871

PERMIT NO. 14-0262  
DATE PAID: 5/6/14  
FEE PAID: 910.00  
RECEIPT #: 1146038

APPLICATION FOR:

☒ New System    ☐ Existing System    ☐ Holding Tank    ☐ Innovative  
☐ Repair    ☐ Abandonment    ☐ Temporary    ☐

APPLICANT: ALBERT S. GRIFFIN

AGENT: PAUL LLOYD

TELEPHONE: (386) 365-8271

MAILING ADDRESS: 6581 SE CR 242

LAKE CITY

FL 32024

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: 23 BLOCK: N/A SUBDIVISION: PINE WIND ESTATES UNIT 2 PLATTED: 4/29/87

PROPERTY ID #: 11-5S-15-00431-223 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 4.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: QUAIL RIDGE

DIRECTIONS TO PROPERTY: 90 WEST TUEB LEFT ON CR 247, PAST CR 242, TURN RIGHT ON QUAIL RIDGE, 2ED LOT ON RIGHT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	MOBILE HOME	4	2544	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Paul Lloyd

DATE: 5/6/14

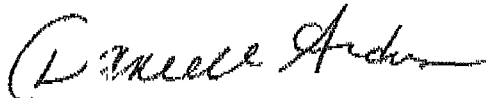
**Andrews Site Prep, Inc.**  
**8200 SW State Road 121**  
**Lake Butler, FL 32054**  
**386-867-0572**  
**Will Lic # 2688**

May 13, 2014

To: Columbia County Building Department

We will be drilling a 4" well for customer Albert Griffin located at 6581 SW CR 242 Lake City, FL. Parcel # 11-5S-15-00431-223. The well should go approximately 120 feet with a casing depth of 90 feet. We will install a 1hp aer motor submersible pump and a 32 gallon challenger bladder tank.

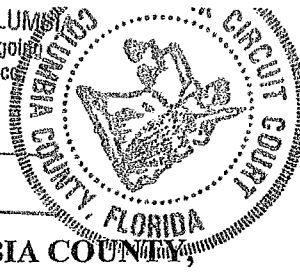
Thank you,



Danielle Andrews

STATE OF FLORIDA, COUNTY OF COLUMBIA  
I HEREBY CERTIFY that the above and foregoing  
is a true copy of the original filed in this office  
P DEWITT CASON, CLERK OF COURTS

By [Signature]  
Deputy Clerk  
Date 4/25/07



2007 APR 25 AM 11:46  
CLERK  
FILED

**IN THE CIRCUIT COURT FOR COLUMBIA COUNTY,  
FLORIDA PROBATE DIVISION**

**IN RE: GUARDIANSHIP OF  
XAVIER ELIZER BELL,  
Ward.**

**File NO.: 07-34 GR**

**LETTERS OF GUARDIAN ADVOCATE OF THE PERSON**

**TO ALL WHOM IT MAY CONCERN:**

**WHEREAS**, Charolette Griffin has been appointed Guardian Advocate of the Person of Xavier E. Bell (the Ward), a developmentally disabled person who lacks the capacity to do some, but not all, of the tasks necessary to take care of his person; and

**WHEREAS**, the Guardian Advocate has taken and filed the prescribed oath and performed all other acts prerequisite to issuance of Letters of Guardian Advocate of the Person.

**NOW THEREFORE**, I, the undersigned circuit judge, declare Patty Cassidy duly qualified under the laws of the State of Florida to act as Guardian Advocate of Xavier E. Bell (the Ward), with full power to exercise the following powers and duties pertaining to the Ward's person:

- (X) to determine residence;
- (X) to apply for and receive government or other benefits;
- (X) to consent to medical, dental, and surgical care and treatment;
- (X) to consent to mental health treatment;
- (X) to make decisions about the social environment or other social aspects of the Ward's life.

**Without first obtaining specific authority from the Court, as stated in Florida Statute Section 744.3725, the Guardian Advocate may not:**



ATS# 4-6111

## Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 13 day of March, 2014, Frank Bellido Deluna and wife, Denice Bellido Deluna and Julie Hendricks, A Single Person, hereinafter called the grantor, to Xaiver E. Bell and Albert S. Griffin, as Joint Tenants with Right of Survivorship whose post office address is: 6581 SW CR 242, Lake City, FL 32024 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida, viz: Parcel ID# 00431-223

Lot 23, Pine Wind Estates, Unit II, according to the plat thereof recorded in Plat Book 5, Pages 124-124A Public Records of Columbia County, Florida.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2013.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

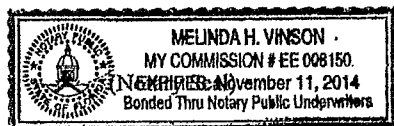
Signed, sealed and delivered in our presence

Kristine Hicks  
Witness:  
Kristine Hicks  
Printed Name:  
Carolina Canton  
Witness:  
Carolina Canton  
Printed Name:

Frank Bellido Deluna  
Frank Bellido Deluna  
Denice Bellido Deluna  
Denice Bellido Deluna  
Julie Hendricks  
Julie Hendricks

STATE OF FLORIDA  
COUNTY OF DeWitt

The foregoing instrument was acknowledged before me this 13 day of March, 2014 by Frank Bellido Deluna and wife, Denice Bellido Deluna and Julie Hendricks, A Single Person, personally known to me or, if not personally known to me, who produced \_\_\_\_\_ for identification and who did not take an oath.



Melinda H. Vinson  
Notary Public

# 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: 5/9/2014 DATE ISSUED: 5/14/2014

### ENHANCED 9-1-1 ADDRESS:

233 SW QUAIL RIDGE CT  
LAKE CITY FL 32024

### PROPERTY APPRAISER PARCEL NUMBER:

11-5S-15-11431-223

### Remarks:

ADDRESS FOR PROPOSED 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.**



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, Bernie Thrift, give this authority for the job address show below  
Installer License Holder Name  
only, 233 SW Quail Ridge Ct. 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)
<u>Albert Griffin</u>	<u>Albert Griffin</u>	<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.

Bernard Thrift  
License Holders Signature (Notarized)

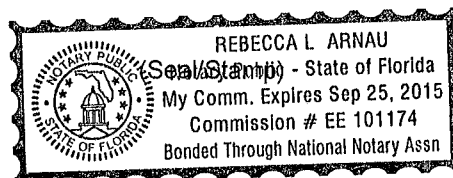
TH 1025155  
5-14-14 5-16-14  
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernard L. Thrift,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 16 day of May, 2014.

Rebecca A. Arnan  
NOTARY'S SIGNATURE



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1405-31 CONTRACTOR BERNIE TRUST PHONE 752.9561

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.*

<b>ELECTRICAL</b> <i>AK</i>	Print Name <u>Albert S. Griffin</u> License # <u>Owner</u>	Signature <u>Albert S. Griffin</u> Phone #
<b>MECHANICAL/A/C</b> <i>HM</i>	Print Name <u>Henry Heating &amp; AC Inc</u> License #: <u>RA0030316</u>	Signature <u>Henry Moaley</u> Phone #: <u>386 752-2368</u>
<b>PLUMBING/GAS</b>	Print Name <u>BERNIE TRUST</u> License #: <u>IH1025155</u>	Signature <u>Bernie Trust</u> Phone #: <u>386.752.9561</u>

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  
Culvert Permit**



**Culvert Permit No.**  
**000002086**

**31969**

DATE 04/09/2014 PARCEL ID # 11-5S-15-00431 223  
APPLICANT ALBERT GRIFIN PHONE 365-8271  
ADDRESS 6581 SW CR 242 LAKE CITY FL 32024  
OWNER ALBERT GRIFIN PHONE 365-8271  
ADDRESS SW QUAIL RIDGE CT LAKE CITY FL 32024  
CONTRACTOR OWNER PHONE \_\_\_\_\_  
LOCATION OF PROPERTY 90 W 1 SR-247 R QUAIL RIDGE CT 2ND PROPERTY ON RIGHT  
SUBDIVISION LOT BLOCK PHASE UNIT PINE WIND STARS 23 2

**INSTALLATION INFORMATION**

SIGNATURE [Signature]

- (A) A culvert shall be required to be installed as part of any newly constructed private driveway or road or public road which connects to a county road in Columbia County. Culvert installation for residential use shall require a permit issued by the Building and Zoning Department. Prior to any culvert permit being issued, an inspection by the Public Works Department shall be required to determine the proper size, length, and location for installation. Culvert installation for commercial, industrial, and other uses shall conform to the approved site plan or to the specifications of a registered engineer. Joint use culverts will comply with Florida Department of Transportation specifications.
- (B) The culvert shall comply and be installed in accordance with Columbia County Land Development Regulation Access Control Section 4.2.3 standards. Proper installation of the culvert shall be verified by a final inspection performed by the Public Works Department.
- (C) All culverts required by this policy shall be installed prior to the Building Department granting permission to connect permanent electrical service to the facility or facilities being serviced by newly constructed private driveway or road. In cases where no electrical service exists, installation shall be completed prior to final inspection approval.
- (D) Mitered end culverts shall be used in the following applications:  
(1) When the culvert is to be placed giving access to a paved street. (2) When the road is contained within a subdivision (recorded or unrecorded) that has not reached a build out of fifty percent (50%) or more. (3) In all new subdivisions for residential use. New subdivisions shall be required as part of the final plat to specify culvert diameter and length. (4) When the predominant use already established by the use of mitered-end culverts period.

☐

Culvert installation shall conform to the approved site plan standards

☐

Department of Transportation Permit installation approved standards

☒

Shall conform to Public Works Determinations as Stated Below

18" diameter x 32' long corrugated metal pipe w/ poured concrete mitered end sections reinforced w/ wire, batts, & rebar.

P.W. Inspectors Name

Cory M. Ely

Date

4/15/14

Final Inspection Date

6/2/2014

P.W. Inspectors Name

Cory M. Ely

Signature

Cory M. Ely

**CONTACT FOR REQUIREMENTS AND INSPECTIONS:**

**PUBLIC WORKS DEPARTMENT**

**Phone: 386-758-1019**

**Amount Paid 25.00**

**Check No. CASH**

**All Proper Safety Requirements Should Be Followed During The Installation Of The Culvert**

**COLUMBIA COUNTY**  
**OFFICE**

**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 11-5S-15-00431-223

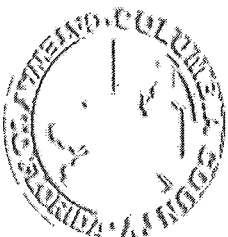
Building permit No. 000031969

Permit Holder BERNIE THRIFT

Owner of Building ALBERT GRIFFIN

Location: 233 SW QUAIL RIDGE CT, LAKE CITY, FL 32024

Date: 06/04/2014



*Handwritten signature of Building Inspector*  
Building Inspector

**POST IN A CONSPICUOUS PLACE**  
*(Business Places Only)*