DATE 10/28/2005

Columbia County Building Permit

PERMIT 000023793

This Permit Expires One Year From the Date of Issue

APPLICANT RANDY BURNHAM PHONE 752-6299

ADDRESS 155 NW ORBISON DR LAKE CITY FL 32055

OWNER RANDY BURNHAM PHONE 752-6299

ADDRESS 361 NW WHITLEY GLEN LAKE CITY FL 32055

CONTRACTOR BERNIE THRIFT PHONE 623-0046

LOCATION OF PROPERTY 441N, TL ON WHITLEY GLEN, AT THE DEAD END,STRAIGHT IN

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING RSF/MH2 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 0 FLOOD ZONE X SP DEVELOPMENT PERMIT NO. _____

PARCEL ID 05-3S-17-04853-109 SUBDIVISION ANDERSON ACRES

LOT 9 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

_____	_____	IH0000075	Randy Burnham	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	05-1112EX	BK	JH	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1ST FLOOR ELEVATION TO BE 181',ELEVATION LETTER NEEDED BEFORE POWER

Check # or Cash 1674

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 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

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by Pool _____ date/app. by

Reconnection _____ date/app. by Pump pole _____ date/app. by Utility Pole _____ date/app. by

M/H Pole _____ date/app. by Travel Trailer _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ .00 CERTIFICATION FEE $ .00 SURCHARGE FEE $ .00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ .00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 275.00

INSPECTORS OFFICE _____ 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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION CK# 1674

For Office Use Only Zoning Official RLK 28.10.05 Building Official OK JTH 10-28

AP# 0510-87 Date Received 10-28-05 By CF Permit # 23793

Flood Zone X SP Development Permit _____ Zoning RSFM-2 Land Use Plan Map Category _____

Comments 1st Floor to be 181' perplat, Elevation letter before power

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

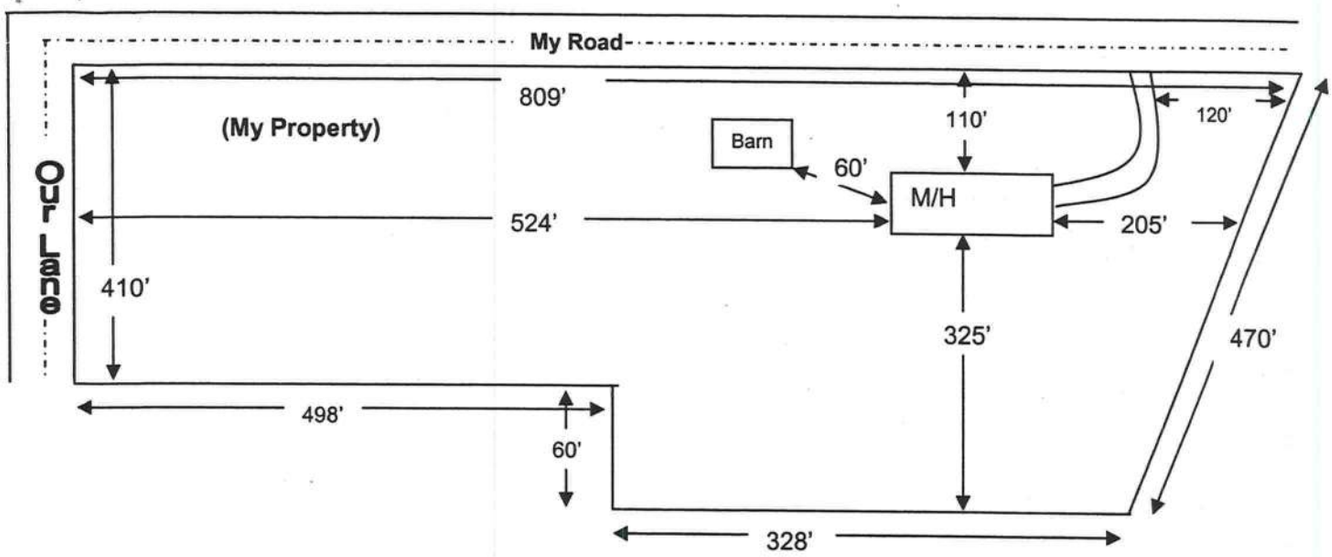
☑ Site Plan with Setbacks shown ☑ Environmental Health Signed Site Plan ☐ Env. Health Release

☐ Well letter provided ☑ Existing Well

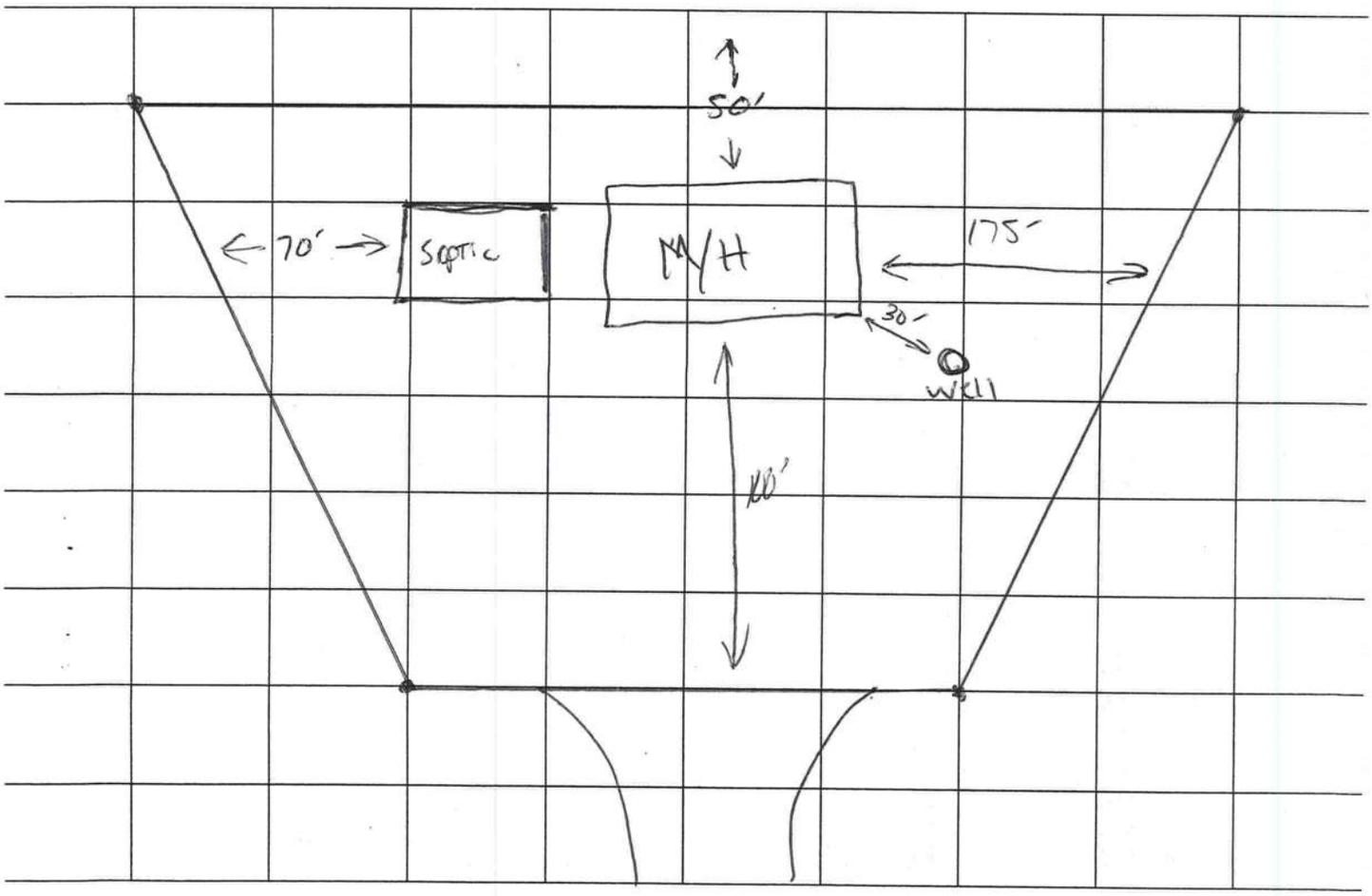
Revised 9-23-04

- Property ID 05-3S-17-04853-109 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ✓ Year 1998
- Subdivision Information ANDERSON ACRES LOT # 9
- Applicant RANDY BURNHAM Phone # (386) 752-6299
- Address 155 NW ORBISON DR.
- Name of Property Owner RANDY BURNHAM Phone# 386-752-6299
- 911 Address 361 NW Whitley Glen, Lake City, Fl. 32055
- Circle the correct power company – FL Power & Light – Clay Electric
  (Circle One) – Suwannee Valley Electric – Progressive Energy
- Name of Owner of Mobile Home RANDY BURNHAM Phone # 752-6299
- Address 155 NW ORBISON DR.
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage .69
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions 441 N. ½ mile. North of I-10 TURN Left ON Whitley Glen. AT The Dead End - straight in.
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 623 0046
- Installers Address 212 NW NYE Hunter dr Lake City 32055
- License Number IH0000075 Installation Decal # 257809

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. <u>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.</u>



STATE OF FLORIDA
COUNTY OF COLUMBIA

AFFIDAVIT

This is to certify that I, (We), SUBRANDY LIMITED PARTNERSHIP, as the seller, by an **Agreement for Deed**, of the below described property:

Tax Parcel No. R04853-109

Subdivision (Name, lot, Block, Phase) ANDERSON ACRES LOT 9

Give my permission for RANDALL BURNHAM to place a
(Mobile Home / Travel Trailer / Single Family Home)

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

(1) Seller Signature
LIMITED PARTNER
SUBRANDY LTD

(2) Seller Signature

Sworn to and subscribed before me this 18 day of OCTOBER, 2005. This (These) person (s) are personally known to me or produced ID _____ _____.
(Type)

Amy E. Lee
Notary Public Signature
State of Florida
My commission expires: AMY E. LEE

Amy E. Lee
Notary Printed Name

MY COMMISSION EXPIRES August 21, 2009
#DD 463710
Bonded thru Notary Public Underwriters
NOTARY PUBLIC STATE OF FLORIDA

CUSTOMER BENCHMARK

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

> Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I, Bernard Thrift, license number IH 0000075
Please Print

do hereby state that the installation of the manufactured home for Randy Burnham
Applicant

at 361 NW Whitley Glen
911 Address

will be done under my supervision.

Bernard Thrift
Signature

Sworn to and subscribed before me this 28 day of Oct., 2005

Notary Public: Sherrie Thomas
Signature

My Commission Expires: _____
Date

Sherrie G. Thomas
MY COMMISSION # DD069156 EXPIRES
November 15, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

LIMITED POWER OF ATTORNEY

I, Bernard Thrift, license # IH0000075 hereby authorize Randy Burnham to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property located in [redacted] Florida.

Property owner: RANDY BURNHAM

Sec 05 Twp. 3 S Rge 17 E

Tax Parcel No. 04853-109

Bernard Thrift
Mobile Home Installer

10-11-05
(Date)

Sworn to and subscribed before me this 28 day of Oct, 20 05.

Sherrie Thomas
Notary Public

My Commission expires: _____
Commission No. _____
Personally known: ✓
Produced ID (Type) _____

Sherrie G. Thomas
MY COMMISSION # DD069156 EXPIRES
November 15, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

PERMIT WORKSHEET

PERMIT NUMBER

Installer Bernard Thrift License # IH0000075

Address of home being installed

Manufacturer Redman Length x width 60 X 24

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 ☐

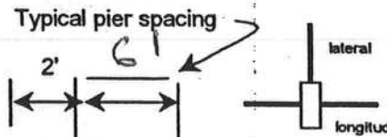
Home is installed in accordance with Rule 15-C ☒

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

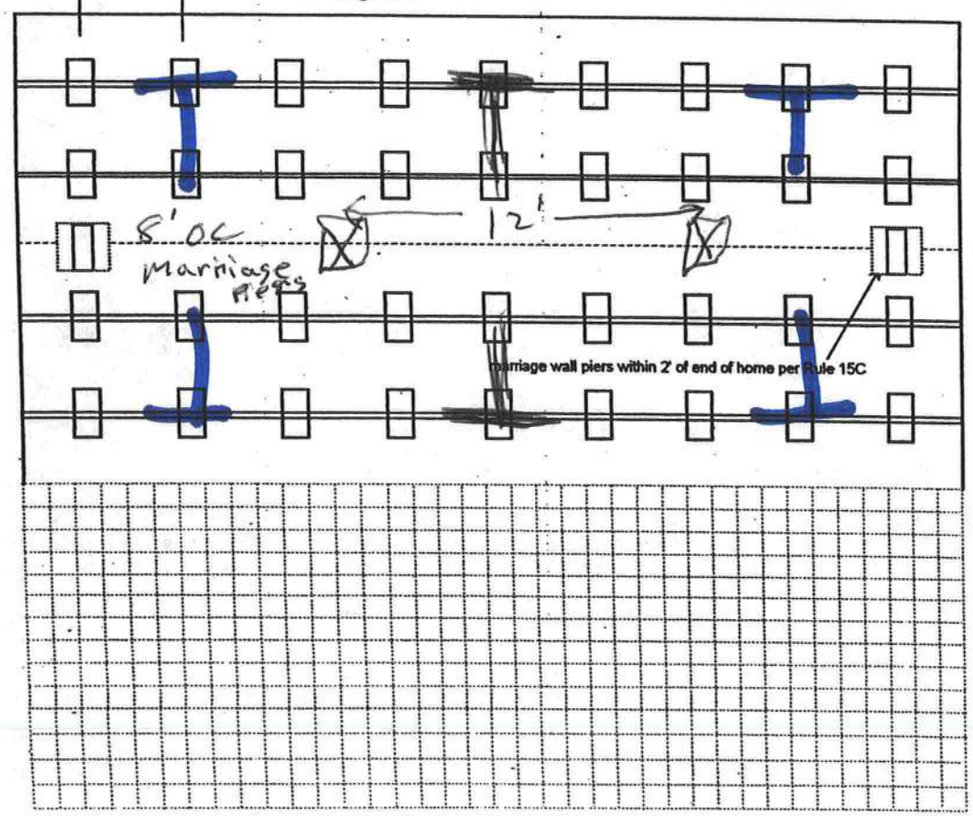
Double wide ☒ Installation Decal # 257809

Triple/Quad ☐ Serial # 2

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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'	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 17 X 22

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	Pier pad size
12'	17 X 22

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer model 1101K Oliver Tech

OTHER TIES

	Number
Sidewall	24
Longitudinal	6
Marriage wall	4
Shearwall	2

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x2000 x2500 x2000

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.

x2000 x2000 x2000

TORQUE PROBE TEST

The results of the torque probe test is 290 ft 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 requires anchors with 4000 lb holding capacity.

BDT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Bernie Thrift

Date Tested 10-11-05

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 2

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

Floor:	Type Fastener: 3/8 X 5"	Length: Lags	Spacing: 24" OC
Walls:	Type Fastener: Straps	Length: 10"	Spacing: 32" OC
Roof:	Type Fastener: Flashing	Length: 10"	Spacing: 4'

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 BDT

Type gasket Factory Installed

Pg. _____

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

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

Siding on units is installed to manufacturer's specifications. Yes ✓

Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

Skirting to be installed. Yes ✓ No _____

Dryer vent installed outside of skirting. Yes _____ N/A ✓

Range downflow vent installed outside of skirting. Yes _____ 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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Bernard Thrift Date 10-11-05

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10-18-05 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Randy Burnham PHONE 752-6299 CELL

ADDRESS 155 NW Orbison Dr.

MOBILE HOME PARK N/A SUBDIVISION Anderson Acres, Lot 9

DRIVING DIRECTIONS TO MOBILE HOME 441 N, TL on Whitley, to end of Cul-de-SAC

MOBILE HOME INSTALLER ✓ PHONE CELL

MOBILE HOME INFORMATION

MAKE Redman YEAR 1998 SIZE 24 X 60 COLOR White

SERIAL No. FLA1462732AB

WIND ZONE II **Must be wind zone II or higher NO WIND ZONE I ALLOWED**

INTERIOR: **INSPECTION STANDARDS**

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS:

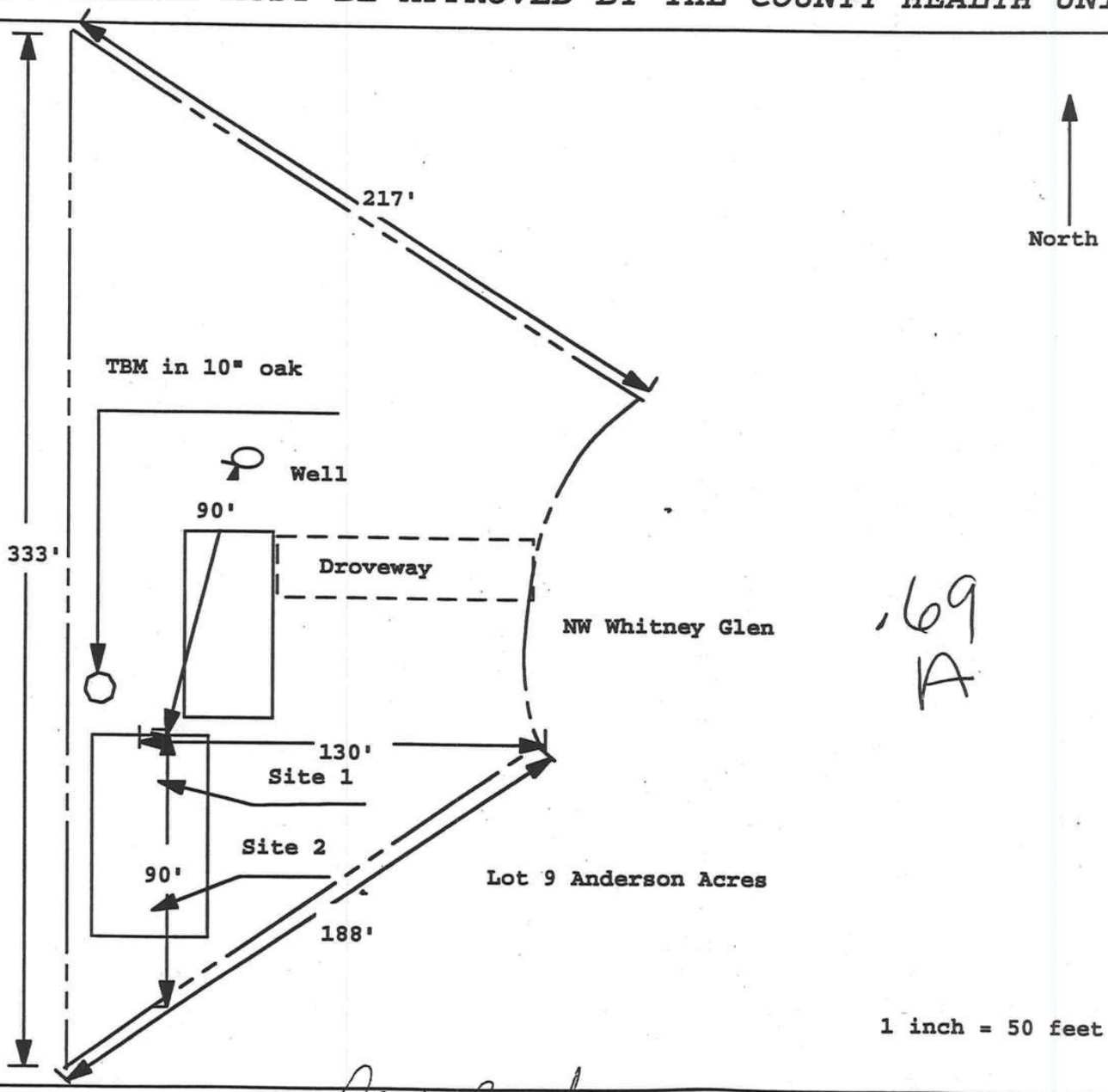
APPROVED ✓ WITH CONDITIONS:

NOT APPROVED NEED REINSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 306 DATE 10-20-05

Permit Application Number: 05-1112EX

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Randy Burnham Date 10-20-05

Plan Approved X Not Approved ____ Date ____

By Sallie Gaddy EST

Notes: COLUMBIA

COLUMBIA COUNTY CPHU
HEALTH DEPT
249 E. FRANKLIN ST
LAKE CITY FL 32055

authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared SHARON DENISE WEICHART

BK 0.8