DATE 06/29	9/2006			ounty .		_		PERMIT
APPLICANT	PAUL HU		mit Expi	res One Yea	ar From	tne Date	755-3184	000024695
ADDRESS	322	SW BRODERICK	DRIVE		LAKE (CITY		FL 32024
OWNER	PAUL HU	DSON				PHONE	755-3184	
ADDRESS	342	SE ARAPAHOE S	ST		LAKE (CITY		FL 32055
CONTRACTO	ROI	NNIE NORRIS				PHONE	752-3871	
LOCATION O	F PROPER	TY 90E, TR	ON OLD C	OUNTRY CL	JB RD, T	L ON ARAP	HHOE, AT TH	IE .
		END ON	RIGHT					
TYPE DEVEL	OPMENT	MH,UTILITY		EST	IMATED	COST OF C	ONSTRUCTIO	ON 0.00
HEATED FLO	OR AREA			TOTAL ARE	Α		HEIGHT	STORIES
FOUNDATIO	N	WA	LLS	R	OOF PITO	CH		FLOOR
LAND USE &	ZONING	RSF/MH2	•			MA	X. HEIGHT	-
Minimum Set	Back Requir	rments: STREE	T-FRONT	25.00		REAR	15.00	SIDE 10.00
	-							
NO. EX.D.U.	0	FLOOD ZONE	<u> </u>		DEVELO	PMENT PER	CMIT NO.	
PARCEL ID	03-4S-17-	07563-006		SUBDIVISION	OAk	HILL ESTA	ATES	
LOT 6&7	BLOCK	PHASE		UNIT _		TOT	TAL ACRES	0.47
			IH0000	0049	- 1	Soul 1	Judson	M
Culvert Permit	No.	Culvert Waiver	Contractor's	s License Num	ber T		Applicant/Ow	ner/Contractor
EXISTING		06-0533-N		вк		•	JH	<u>Y</u>
Driveway Conr	nection	Septic Tank Number	er	LU & Zoning	g checked	by Ap	proved for Issu	nance New Resident
COMMENTS:	ONE FOO	OT ABOVE THE RO	AD		·			
							Cl 1 # -	r Cash 519
							Check # o	r Cash
		FOR B	UILDING	& ZONIN	G DEP	ARTMENT	CONLY	(footer/Slab)
Temporary Pov	ver	d-4-/ b	Foun	dation	date/app	her	Monolithic	
Under slab rou	ah-in nlumh	date/app. by		Slab	uate/app	o. Uy	Sheath	date/app. by ing/Nailing
Officer stab four	gn-m prumo		app. by	5140	date	/app. by	Sileatii	date/app. by
Framing				n plumbing abo			od floor	
	date/ap	p. by						date/app. by
Electrical roug	h-in	date/app. by	Heat &	Air Duct			Peri. beam (I	
Permanent pow	er	date/app. by	COE	inal	date/a	pp. by	Culvert	date/app. by
r ermanent pow		te/app. by	C.O. F		ate/app. by	у	Cuiveri -	date/app. by
M/H tie downs,	blocking, e	lectricity and plumbi	ng			_	Pool	
Reconnection			_ Pump	date/app.	by	Utility Po	ole	date/app. by
		date/app. by		date/a	pp. by		date/ap	p. by
M/H Pole da	te/app. by	T	ravel Traile		te/app. by	,	Re-roof	date/app. by
	¥E° ₹₹							T. E. T. J.
BUILDING PE	RMIT FEE	\$ 0.00	_ CERTIF	ICATION FEE	\$	0.00	SURCHA	RGE FEE \$0.00
MISC. FEES \$	200.00	OZONIN	G CERT. FI	EE\$ <u>50.00</u>	_ FIRE	FEE \$ 23.6	58 W	ASTE FEE \$ 49.00
		1						

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.

INSPECTORS OFFICE

"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."

CLERKS OFFICE

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.

*	Recording Fees: \$ Documentary Stamps: + Inst:2002002997 Date:02/11/2002 Time:13:11:36 Total: \$ Doc Stamp-Deed: 105.00 Trepared By And Return To: DC,P.DeWitt Cason,Columbia County B:946 P:796
	TTLE OFFICES, LLC 015 S. 1ST ST., AKE CITY, FL., 32025
	ile #02Y-01058BS/Brenda Styons Inst:200201322i Date:07/08/2002 7ime:14:47:42 Doc Stamp-Deed: 0.70 DC.P.DeWitt Cason, Columbia County B:957 P:307 3-4S-17-07563-005 & 07563-006
	WARRANTY DEED
	THIS WARRANTY DEED made and executed the Thiday of February, 2002 by AROLD L. WHITLEY and ROBERTA F. WHITLEY, HIS WIFE, herematter called the Grantor, to AUL K HUDSON, A MARRIED MAN, and CAROLYN R. HUDSON, A MARRIED WOMAN, *** T 10 BOX 521, LAKE CITY, FLORIDA 32055, ereinafter called the Grantee: ***JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP (Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.) WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable
	onsiderations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and onfirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:
	LOTS 5, 6 AND 7, BLOCK 9, OAK HILL ESTATES REPLAT, ADDITION NUMBER 1, ACCORDING TO MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 3, PAGE 92, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.
	*** THIS DEED IS BEING RE-RECORDED TO CORRECT THE GRANTEES NAME.
	V If this box is checked, the Grantor warrants that the above described property is not his/her constitutional homestead as defined by the laws of the State of Florida. He/she resides at 8348 Houndstooth Dr., Charlotte, NC 28227
-	TOGETHER with all the 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 rantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the time against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and records, if any, and taxes according subsequent to December 31, 2001.
*	IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written. * THIS DEED IS BEING RERECORDED TO CORRECT THE PARCEL I.D. NUMBERS. igned, sealed and delivered

Winess: Jane D. Lock lear Witness:

ROBERTA J. WHITLEY Address: 8348 HOUNDSTOOTH DR. CHARLOTTE, NC. 28227

Witness: STATE OF Auth Carolina STATE OF 1000 -- COUNTY OF Mecklinburg

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared HAROLD L. WHITLEY and ROBERTA J. WHITLEY, HIS WIFE, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument. Witness my hand and official seal in the county and state aforesaid this Thay of February, 2002.

Notary Public Identification Examined:

My Commission Expires April 27, 2004

Inst: 2004016468 Date: 07/15/2004 Time: 15:41

Doc Stamp-Deed : 0.70

MCL DC,F. DeWitt Cason, Columbia County B: 1020 P:2907



Name of Licensed Dealer/Installer Tommy Tomis Phone # 150 3877

Installers Address 1004 5W Challs Ton. L.C. FL 32024

License Number IH-0000049 Installation Decal # 272 266

		Tophage well pure? will but? 2 of erra of home per Rune 160			Show local chair spacing Show local chair of Lung ludinal and Latoral Systems (use part lines to anow these ocations)	I understand Lateral Arm Systems cannot be used on any home (new outsed) where the sidewall ties exceed 5 ft 4 in.	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 ramainder of home	sof nome 342 SE A Trapahou dan.	PERMIT NUMBER Installer Install	PERMIT WUKNOTEE
Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer	within (ANCHORS Pier pad size	e míc) the approximate locations of mantage the approximate locations of mantage the positions of greater. Use this	PIER PAD SIZES 17XA L - Pag Size 3 15 15 15 15 15 15 15	(c)	PIER SPACING TABLE FOR USED HOMES	Triple/Quad Serial # #0453780	Home sunstalled in accordance with Rule 15-C Single wice Viring Zone II 3.73,3660	New Home Used Home U	חברי

PERMIT WORKSHEET

or check here to declare town in some x 1500 × 1500	The pocket penetrometer tests are rounded down to	PERMIT NUMBER
Floor. Type Fastener	Debris and organic mater Water drainage: Natural	

POCKET PENETROMETER TESTING METHOD

8

'n Test the permeter of the home at 6 locations Take the reading at the depth of the footer

Using 500 ib. increments, take the lowest reading and round down to that increment

Da

150

150

TORQUE PROBE TEST

showing 275 inch pounds or less will require 4 foot archors 25,00 INC. POLINGS OF CLACK A lesi

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations, if understand 5 ft reading is 275 or less and where the mobile home manufacturer may anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BEFERFORMED BY A LICENSED INSTALLER

installer Name

Date Tested

18-06

Connece Name

Electrical

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

Connect all sewer drains to an existing sewer tap or septic tank. T)

independent water supply systems. Fig. Connect all potable water supply piping to an existing water meter, water tab, or other

Site Preparation

lerial removed Swaie

> Pad Officer

Fastening multi wide units

Length: Spacing: Spacing: Spacing:

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. For used homes, a min. 30 gauge, 8" wide, galvanized metal strip Type Fastener:

Gasket (westherproofing requirement)

a restrict a poor vinstalled or no gasket beind installed chiabe will not serve as a gasket bornes and that condensation, mold, meldew and buckled marriage waits are understand a properly installed gasket is a requirement of all new and used understand a stric

instalter's ritials

'nΩ eyszű ack

Installed Bottom of ricgebeam Belween Walls Yes Serween Ficons

£.

Weatherproofing

Fireplace chimney installed so as not to allow intrusion of rain water Siging on units is installed to manufacturer's specifications. The pottomboard will be repaired and/or taped. Yes Yes

Miscellaneous

Skining to be installed. Yes Electrical crossovers protected. 019 Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting Oryer vent installed outside of skirting. ⊦ Yes Yes <

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the Date 6 - 19-06

in

Installer Signature

NOST: TE SONG - 70 .000

ERON : COLUMBIA CO BUILDING + ZONING .. 11 1 0912-852-467 :

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 \$150.00.

1, Monnie D. Norris	license number IH000044
	-
Do hereby state that the installation of the	manufactured home for:
Payl M. Hudson	at 342 Arapanot Ln.
Please Print Do hereby state that the installation of the Paul H. Hudson Applicant	911 Address
will be done under my supervision.	
Signature Norma	· · · · · · · · · · · · · · · · · · ·
Sworn to and subscribed before me this	day of
Notary Public:	
My Commission Expires:	15 3
. Date	

AFFIDAVIT

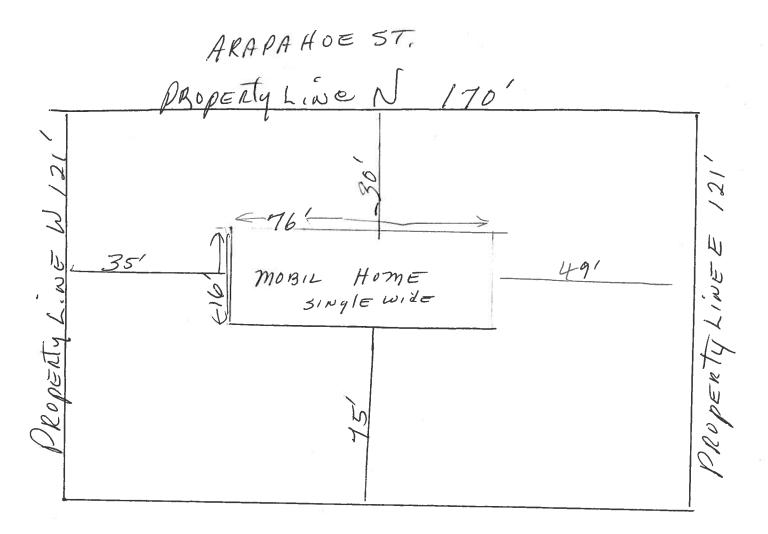
1 Certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer Name: Paul 11. Hudson?		
Property ID: See: 03 Twp: 45 Rge: 17	Tax Parcel No: 07563-00	16
Lot: 617 Block 9 Subdivision: Oak B	lill Estates	
Moible Home Year/Make: 04 / Doral	Size: 16 x 80	
Signature of Mobile Home Installer		
Sworn to and subscribed before me this day	of, 20	
By		
•		
Notary's name printed/typed	Notary Public, State of Florida Commission No Personally Known: Id Produced (type)	

911 AddRESS 342 HRAPAHOE LN,
PARCEL ID# 03-45-14-07563-006

BAK HILL ESTATES LOT 6+7 BLOCK 9

OWNERS NAME PAUL K. Hudson And CARolyn R. Hudson
OWNERS NAME PAUL K. Hudson And CARolyn R.



Capp

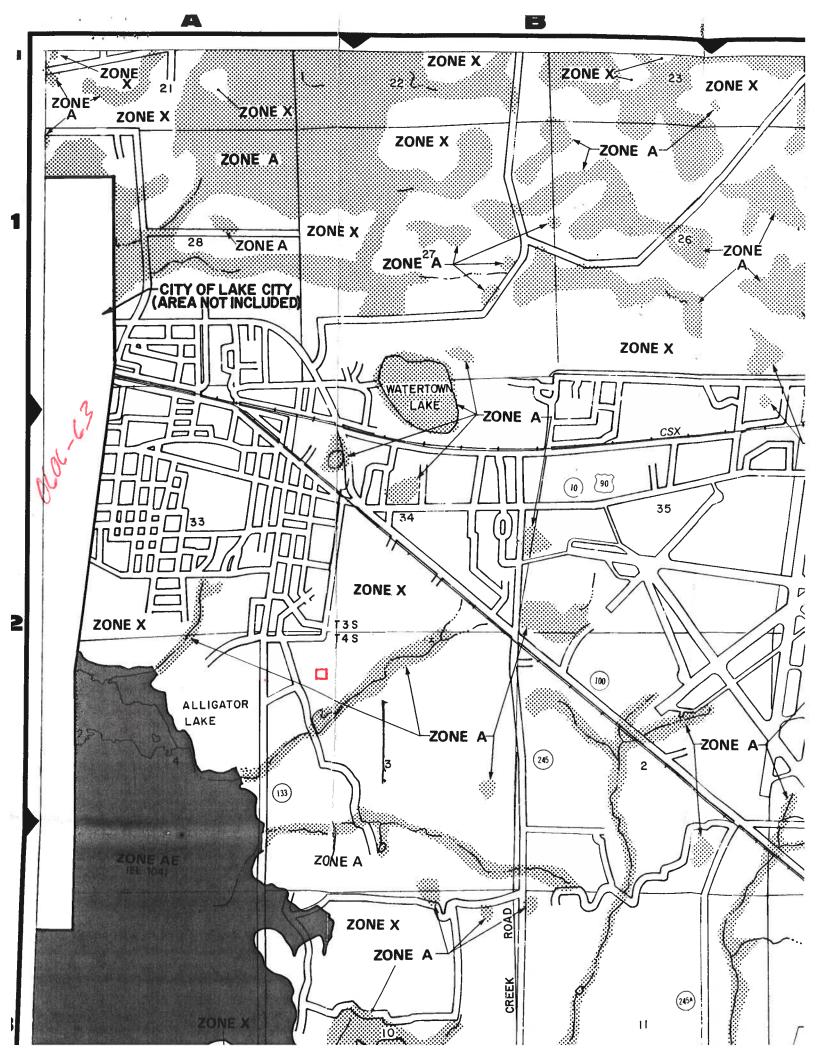
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Scale: 1 inch = 50 feet.	D NR	taox 7
DRIVE UNDAVED GITT WITTER WHITE LINE NOT IN	62 /	CUPIED
Site Plan submitted by		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

County Health Department



	SLIMINARY MOBILE HOME INSPECTION REPORT Vec	unesday Pleas (All SSUED? <u>Les</u> Cel
re received <u>6/</u>	19/06 BY T IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE IS	SSUED? Ges Cel
NERS NAME	PAUL HUDSON PHONE 755-3184 CE	11 365-4594
	EALAPAHOE LAND	
BILE HOME PARK	N/A SUBDIVISION N/A	
VING DIRECTIONS TO	MOBILE HOME 905, TR on Old Country CI	UB Rd,
The on	Hrapahae St, Property on right	
BILE HOME INSTALLE	R PHONE C	ELL
BILE HOME INFO		
	er Homes YEAR 2004 SIZE 16 x 80 COLOR_	
RIAL No	53720	
ND ZONE	Must be wind zone II or higher NO WIND ZONE I ALLOW	/ED
TERIOR: or f) - P= PASS F	<u>Inspection Standards</u> == Failed	
SMOK	E DETECTOR () OPERATIONAL () MISSING	
FLOOP	RS ()SOLID ()WEAK ()HOLES DAMAGED LOCATION	
D	S ()OPERABLE ()DAMAGED	
O	S () SOLID () STRUCTURALLY UNSOUND	
0		
0	OWS () OPERABLE () INOPERABLE	
TPLUM	BING FIXTURES () OPERABLE () INOPERABLE () MISSING	
CEILIN	IG ()SOLID ()HOLES ()LEAKS APPARENT	
ELECTI KTERIOR:	RICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING ()	LIGHT FIXTURES MISSING
	S / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CL	EANING
WIND!	DWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT	
ROOF	() APPEARS SOLID () DAMAGED	ti 6
ratus:		
	WITH CONDITIONS:	-
PPROVED		• •
	NEED REINSPECTION FOR FOLLOWING CONDITIONS	

6./29/06

I, RONNIE NORRIS AUTHORIZE FOR THE HUDOVI'S K. TO PULL THEIR MOVE-ON PERMIT UNDER MY LICENSE.

PERTAINING TO THIS PERMIT ONLY.

RONNIE NORRIS