

DATE 07/08/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023364

APPLICANT SHELLEY CARLISLE PHONE 965.4467

ADDRESS 749 SW COLES COURT FT. WHITE FL 32028

OWNER ELIZABETH JOHNSON PHONE 904.751.1060

ADDRESS 873 SW COLES COURT FT. WHITE FL 32038

CONTRACTOR JACKIE GIBSS PHONE _____

LOCATION OF PROPERTY 47-S TO FT. WHITE TO LIGHT, GO 2 TO 3 MILES TO WILSON SPRING
RD,TR TO CATES CT., TR FOLLOW TO RD VEERS TO L, 1ST. DRIVE

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH _____ FLOOR CONC

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

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

PARCEL ID 06-7S-16-04145-102 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.00

IH0000214 Shelley E. Carlisle
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 05-0634-N BLK HD N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD

Check # or Cash 474

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by date/app. by date/app. by

Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by date/app. by date/app. by

Framing _____ Rough-in plumbing above slab and below wood floor _____
date/app. by date/app. by

Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by date/app. by date/app. by

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

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

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

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

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

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 11.34 WASTE FEE \$ 24.50

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 285.84

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 INCONVENIENCE, 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

For Office Use Only

Zoning Official BLK 08.07.05

Building Official HO 7-5-05

AP# 0506-78

Date Received 6/24/05

By LH

Permit # 23364

Flood Zone X

Development Permit N/A

Zoning A-3

Land Use Plan Map Category A3

Comments _____

Letter of Authorization given

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 06-7S-16-04145-102 Must have a copy of the property deed

New Mobile Home _____ Used Mobile Home ☒ Year 1990

Subdivision Information _____

Applicant Shelley Carlisle Phone # (386) 965-4467

Address 749 S.W. Coles Ct. Ft. White, Florida 32038

Name of Property Owner Elizabeth Johnson Phone# (904) 751-1060

911 Address 873 S.W. Coles Ct. Ft. White, Florida 32038

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

Name of Owner of Mobile Home Shelley Carlisle Phone # (386) 965-4467

Address _____

Relationship to Property Owner Niece and Owner living in same m/h

Current Number of Dwellings on Property 0

Lot Size 1 Total Acreage 1

Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit

Driving Directions Take 47 South to Ft. White, go through light go about 2 or 3 miles to S.W. Wilson Springs Rd. Turn Right follow to S.W. Coles Ct. turn right, Follow all the way road veers to left, follow to first drive under power lines. To the back on left.

Is this Mobile Home Replacing an Existing Mobile Home no 285.84 (owes)

Name of Licensed Dealer/Installer Jeddie Gibbs Phone # ~~771 0000 214~~

Installers Address 1664 SABALIAN Creek LANE City, FL 32024

License Number IH 0000214 Installation Decal # 229498

PERMIT NUMBER

Installer Jackie Gibbs License # IA 0000214

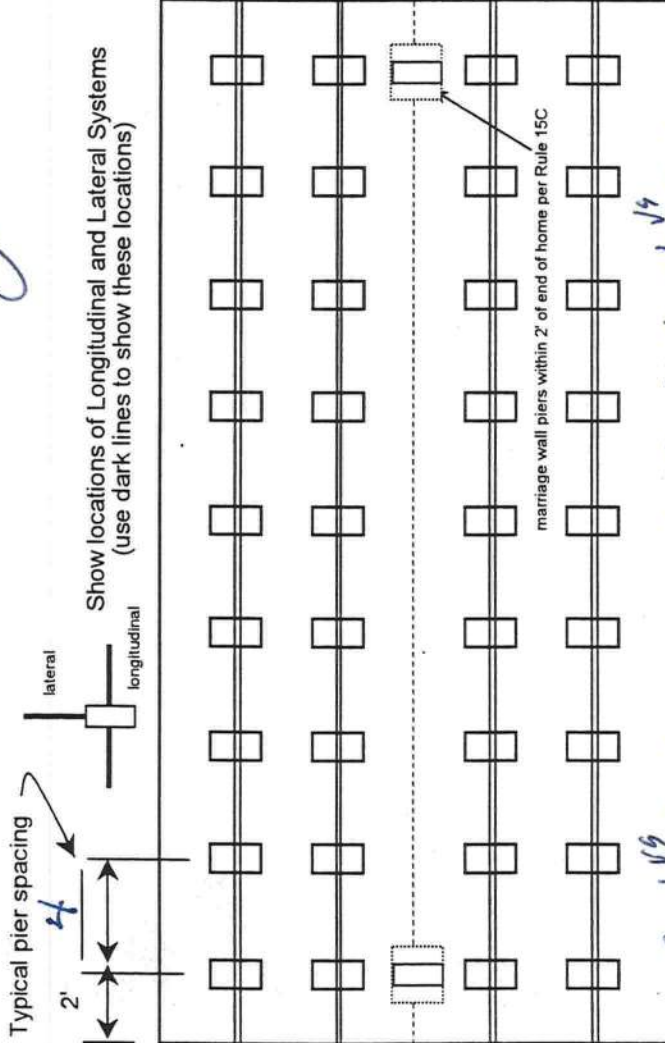
Address of home being installed 873 SW Cales Ct.

Manufacturer Electrowood Length x width 28x70

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 JKB



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 # 229498
Triple/Quad ☐ Serial # SAFLL54A0058CP

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'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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 16x16
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) 17x22

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

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 12 Pier pad size 22x25
within 2' of end of home spaced at 5' 4" oc ✓

ANCHORS

4 ft ✓ 5 ft

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Altra Tech
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

Number
Sidewall 26
Longitudinal 4
Marriage wall 14
Shearwall

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

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 1000 x 1000 x 1000

TORQUE PROBE TEST

The results of the torque probe test is 280 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

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. _____

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: LAG Length: 6" Spacing: 12"
Walls: Type Fastener: LAG Length: 6" Spacing: 12"
Roof: Type Fastener: LAG Length: 6" Spacing: 12"
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

Type gasket foam

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 Jackie Gibbs

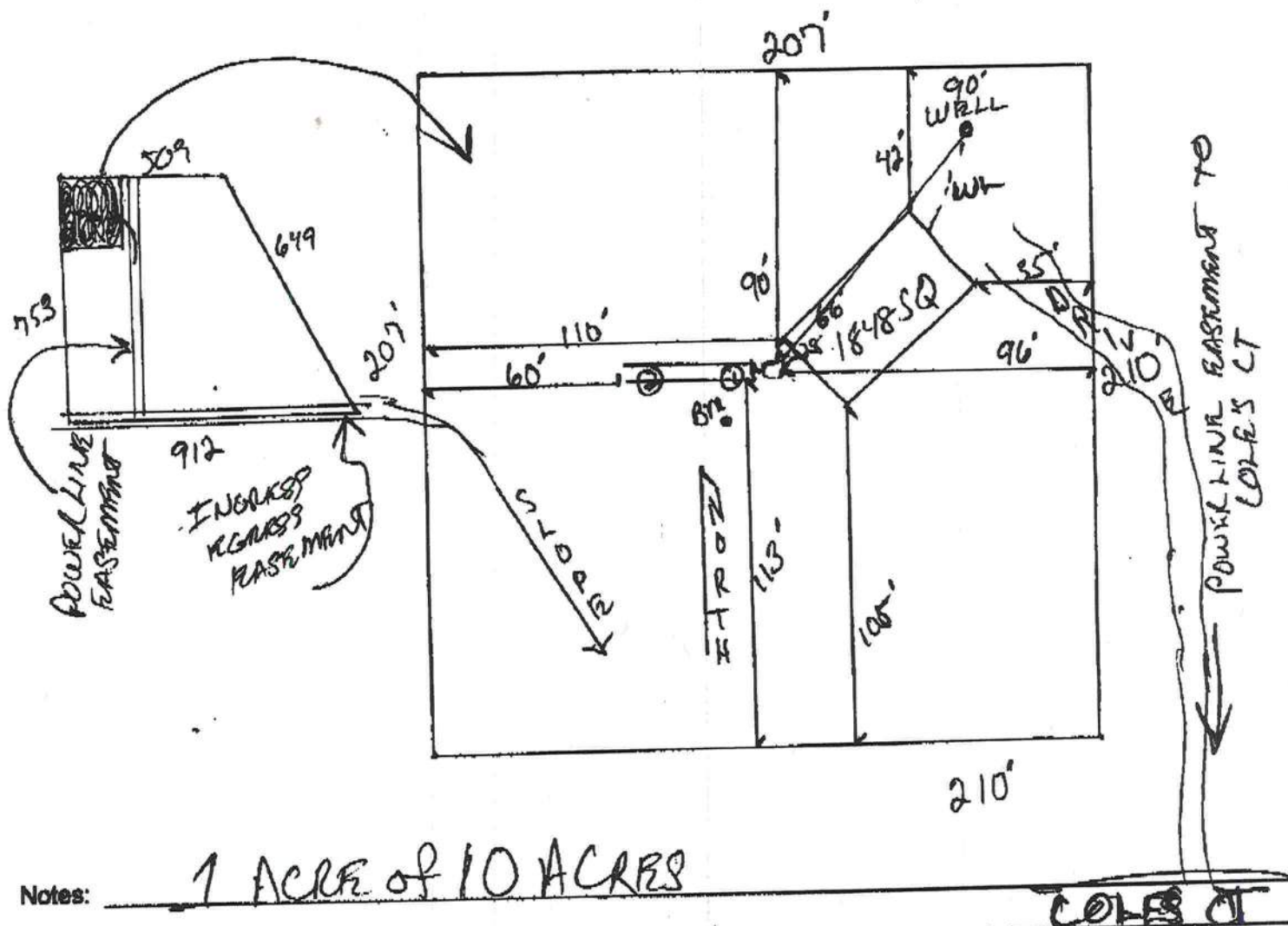
Date 5/24/05

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

Permit Application Number 05-02034

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

Scale: 1 inch = 50 feet.



Notes: 1 ACRE OF 10 ACRES

Site Plan submitted by: Rock D F MASTER CONTRACTOR
Plan Approved [Signature] Not Approved [Signature] Date 6-2-05
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4016, 10/98 (Replaces HRS-H Form 4016 which may be used)
(Stock Number: 5744-002-4015-6)

Page 2 of 4

JUN 22 '05 17:36 No. 018 P. 02

COL. CO. HEALTH DEPT. ID: 386-758-2187

ROBERT L. MCMILLAN
PHONE: (386) 454-PUMP
(386) 462-PUMP
FAX: (386) 418-0738

**NORTH FLORIDA
WATER SYSTEMS, INC.**

PUMP SALES AND SERVICE
11814 N.W. 202nd Street, Alachua, Florida 32615



THIS AGREEMENT, made this 21 day of JUNE, 2005 by and between

Shelly Carlisle 905-41467/454-2470

(hereinafter called the OWNER) and NORTH FLORIDA WATER SYSTEMS, INC. (hereinafter called the CONTRACTOR).

3409 NE 56th AVE High Springs 749 SW Cole CT FT White 32038

WITNESS THAT:

WHEREAS, the OWNER intends to install a water system on his property described as follows:

4" well unlimited depth
1 hp Stainless Submersible pump
90 gallon well-mate tank 2600⁰⁰

NOW, THEREFORE, the OWNER and the CONTRACTOR, for the considerations hereinafter named, agree as follows:

1. **CONTRACTOR SERVICES:** The CONTRACTOR'S professional services consist of the necessary conferences with the OWNER, and the installation of said water system on the OWNER'S property. The following services are not provided unless specifically included in this contract: Electrical wiring, piping from work site, sod removal or replacement or pavement repairs.
2. **PAYMENT:** For the professional services to be performed by the CONTRACTOR for the OWNER, the OWNER agrees to pay the fee of \$ 2600 based on the following schedule:
Drill well install system 6/21/05 full payment due upon
completion of job
3. **OWNER'S RESPONSIBILITIES:** OWNER shall be responsible for the locating of property line and other necessary reference points to aid the CONTRACTOR in properly locating and installing the water system. In addition, the OWNER agrees to protect the CONTRACTOR'S right of ingress and egress to the OWNER'S property. Hereby warrants that he has full right and authority to enter into this contract and authority to bind all persons with any interest in the property. Hereby permits the CONTRACTOR to dump all drill cuttings taken out of the hole during drilling, around and about the drill site at such places and such manner as the CONTRACTOR may choose and the CONTRACTOR shall not be called upon to remove same.
4. **CONTRACTOR'S GUARANTEE:** The CONTRACTOR hereby guarantees that the workmanship and materials utilized on the job are guaranteed for a period of one year from date that said installation is completed. However, the CONTRACTOR shall not be liable for any damage or loss either during installation or during the period of one year under which the guarantee is applicable if said loss results from vandalism, acts of God, or negligence on the part of the OWNER.
5. **IT IS UNDERSTOOD AND AGREED UPON BY BOTH PARTIES:** That neither can tell exactly what will be found underneath the surface of the earth and that the work of the CONTRACTOR hereunder is subject to those conditions which he may find underneath the surface, therefore:
 - a. The CONTRACTOR does not agree to find or develop water, nor does he represent, warrant or guarantee the quantity, quality, or kind of water, if any, which may be encountered. All operations are at the risk of the OWNER including the possibility that a sinkhole will develop. If it is necessary to install water filters the OWNER agrees to pay the CONTRACTOR any additional costs involved in the purchase and installation of said filters.
 - b. It is understood that it may be necessary to relocate the drilling site to another location on the OWNER'S property if water is not found at a reasonable depth. The OWNER unequivocally agrees in advance to the relocation on the property, if, in the CONTRACTOR'S opinion, it is necessary to do so and pay for labor at \$100.00 per hour and lost material, if any, not to exceed maximum charge of \$400.00.
6. **SPECIAL PROVISION:** Changes requested by OWNER or required by conditions beyond the CONTRACTOR'S control, shall be considered extras, the cost of which will be added to the original purchase price.
7. **DAMAGES:** In the event that the payment terms are defaulted the OWNER agrees to pay a late fee of 5% a month on any past due balances and the OWNER in addition agrees that he will pay all costs of collection including a reasonable attorney's fee. In addition, CONTRACTOR will retain title to all material furnished to OWNER'S property until final payment is made and if said final payment is not made as agreed upon, CONTRACTOR shall have the right to remove said materials and be held harmless for any damages resulting thereof.
8. **WRITTEN AGREEMENT:** This agreement reflects the full understanding of the parties and the OWNER by executing same acknowledges that there are no oral understandings or agreements between the parties.

Shelly Carlisle
OWNER
Robert L. McMillan
CONTRACTOR

LETTER OF AUTHORIZATION

Date: 6/24/05

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

I Jackie Gibbs, License No. TH 0000214 do hereby

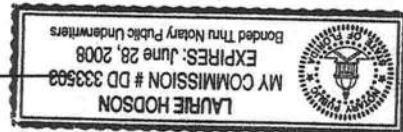
Authorize Shelley Carlisk to pull and sign permits on my
behalf.

Sincerely,

Jackie Gibbs

Sworn to and subscribed before me this 24 day of June, 2005

Notary Public: Laurie Hobson



My commission expires: 6-28-08

Personally Known ✓

Produced Valid Identification: _____

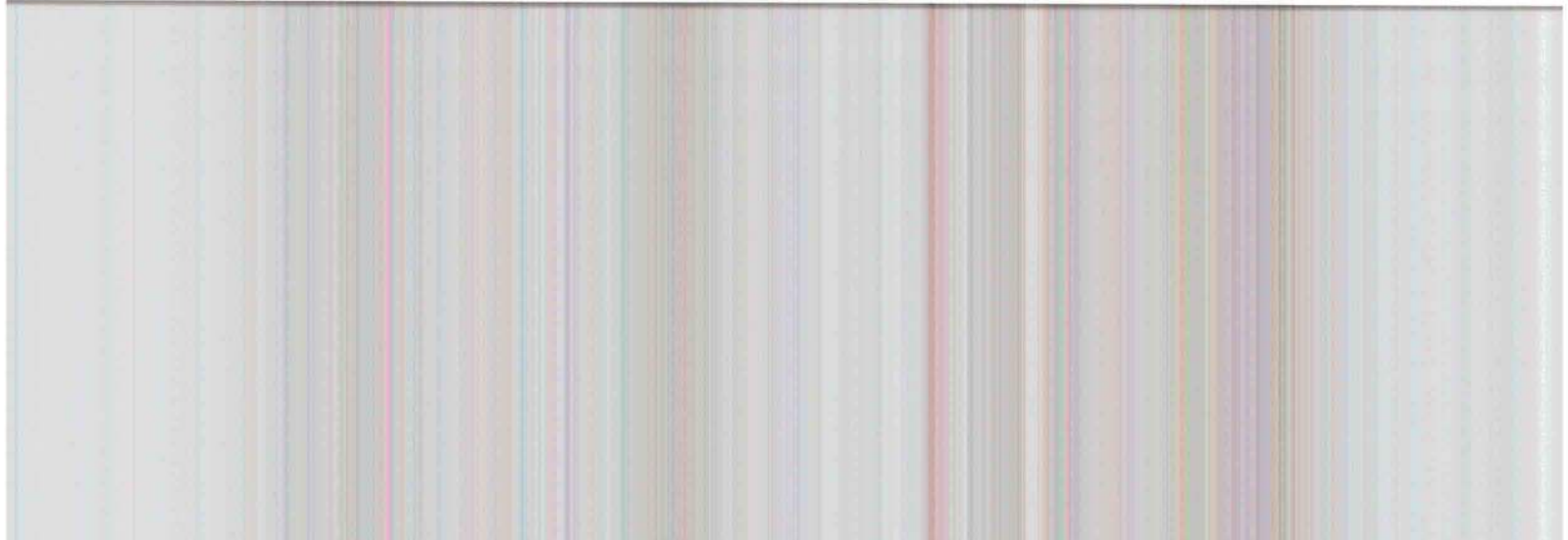
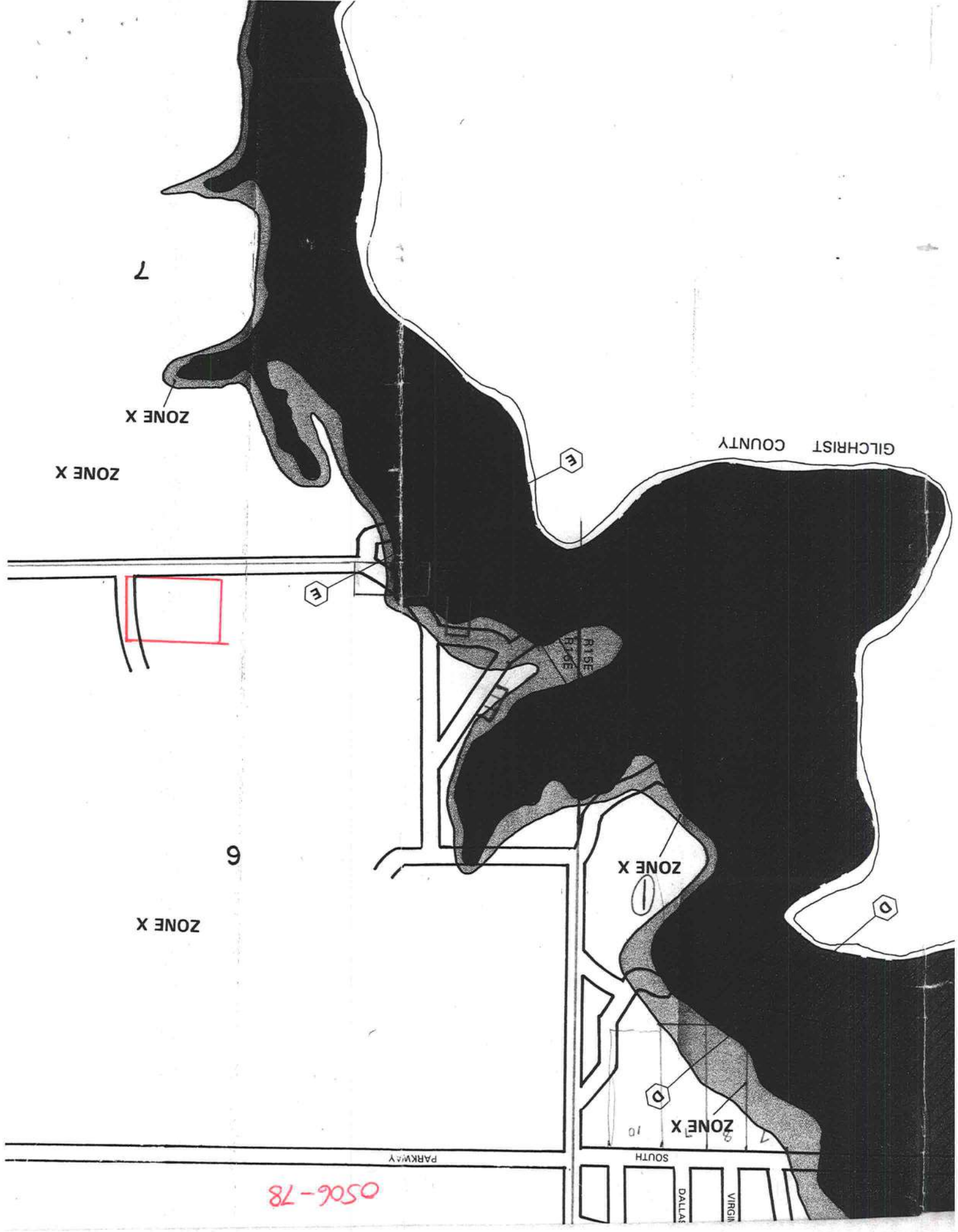
JOHNSON ELIZABETH

8400 TOTAL B

1	COMM AT NW COR OF S1/2 OF NE 1/4, RUN E 676.52 FT FOR POB,,	2
3	CONT E 207.47 FT, S 210 FT, W 297.47 FT, N 210 FT TO POB	4
5	ORB 1046-1161	6
7		8
9		10
11		12
13		14
15		16
17		18
19		20
21		22
23		24
25		26
27		28

Mnt 6/10/2005 LARRY

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More



DEPARTMENT OF
CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6/24/05 BY LH

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Elizabeth Johnson PHONE 965-4467 CELL

911 ADDRESS 873 SW Coles Ct Ft. White FL 32038

MOBILE HOME PARK no SUBDIVISION no

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (R) Wilson Springs Rd, (R) SW Coles Ct, follow Road Veer to left, then 1st Drive under power lines - to the back on left

CONTRACTOR Jackie Gibbs PHONE CELL

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 90 SIZE 28 x 70

COLOR White / Green SERIAL No. GA FLL54A 0105840

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS /

DOORS /

WALLS /

CABINETS /

ELECTRICAL (FIXTURES/OUTLETS) /

EXTERIOR:
WALLS / SIDING /

WINDOWS /

DOORS /

STATUS:
APPROVED / WITH CONDITIONS:

NOT APPROVED NEED REINSPECTION

INSPECTOR SIGNATURE Dmy A NUMBER 306