

DA 07/16/2010

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

PERMIT
000028727

APPLICANT MISTY EASLER PHONE 407.908.5806
ADDRESS 4647 NW 63RD AVENUE JENNINGS FL 32053
OWNER NANCY GOODWIN(KASEY REGISTER MH) PHONE 386-623.9680
ADDRESS 897 NW SUWANNEE VALLEY RD LAKE CITY FL 32055
CONTRACTOR LIONEL EASTER PHONE 407.908.5806
LOCATION OF PROPERTY 41 N TO SUWANNEE VALLEY ROAD, TL & 8/10 OF A MILE ON THE R

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 21-2S-16-01685-002 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 4.48

IH1025210 Misty Easler
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-292 BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash 4764

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 Insulation
 date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
 date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by date/app. by
Reconnection RV Re-roof
 date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 19.26 WASTE FEE \$ 50.25
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 394.51
INSPECTORS OFFICE CLERKS OFFICE

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

For Office Use Only (Revised 1-10-08) Zoning Official BLK 29.06.10 Building Official J.C.
 AP# 1006-60 Date Received 6/24/10 By G Permit # 28727
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments _____

FEMA Map# N/A Elevation N/A Finished Floor 1.6m RL River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 10-292 ☐ 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 1006-17 ☐ F W Comp. letter
 IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____
 School _____ = TOTAL _____ Impact Fees Suspended March 2009 ☒ UP ☒ IC Pre Inspection
IC sent 7/15/10 to CE

Property ID # 21-25-110-011685-002 Subdivision Meets & Bounds

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14'x70' Year 2005
- Applicant Misty Easter Phone # 407-908-5806
- Address 4647 NW 63rd Ave Jennings, FL 32053
- Name of Property Owner Nancy Goodwin Phone# _____
- 911 Address 897 NW Suwannee Valley Rd Lake City, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Kasey Register Phone # 386-623-9680
2nd: Misty
 Address 897 NW Suwannee Valley Rd, L. City 32055
- Relationship to Property Owner daughter
- Current Number of Dwellings on Property 1
- Lot Size 389.37 x 501.60 Total Acreage 4.480
- 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 (over)
- Driving Directions to the Property NE Hernando Ave to NE Madison St to right on
US-41N to left on NW Suwannee Valley Rd. 8/10 mile on right

- Name of Licensed Dealer/Installer Lionel Easter Phone # 407-908-5806
- Installers Address 4647 NW 63rd Ave Jennings, FL 32053
- License Number 14/1025210/1 Installation Decal # 1533

*Spoke to Misty
6/30/10*

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

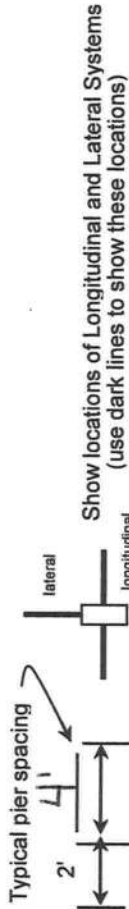
These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Lionel Easter License # 11/1025210/1
911 Address where home is being installed: 897 NW Suwannee Valley Rd.
Lake City, FL 32055
Manufacturer Fleetwood Length x width 14' x 70'

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 LEE



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

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 # 1533
Triple/Quad ☐ Serial # 6AFU567A538d6-TWZ1

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 17" x 22"
Perimeter pier pad size Min 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 _____

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 Over Technologies
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

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 277 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.

[Signature] Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Lionel Easter

Date Tested 6-19-10

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. NA

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 ☒
Water drainage: Natural ☒ Swale ☐ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____

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 _____

Installed: _____

Between Floors Yes _____

Between Walls Yes _____

Bottom of ridgebeam Yes _____

Weatherproofing

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

Siding on units is installed to manufacturer's specifications. Yes ☒ Pg. NA

Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ Pg. NA

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 ☒ N/A ☐

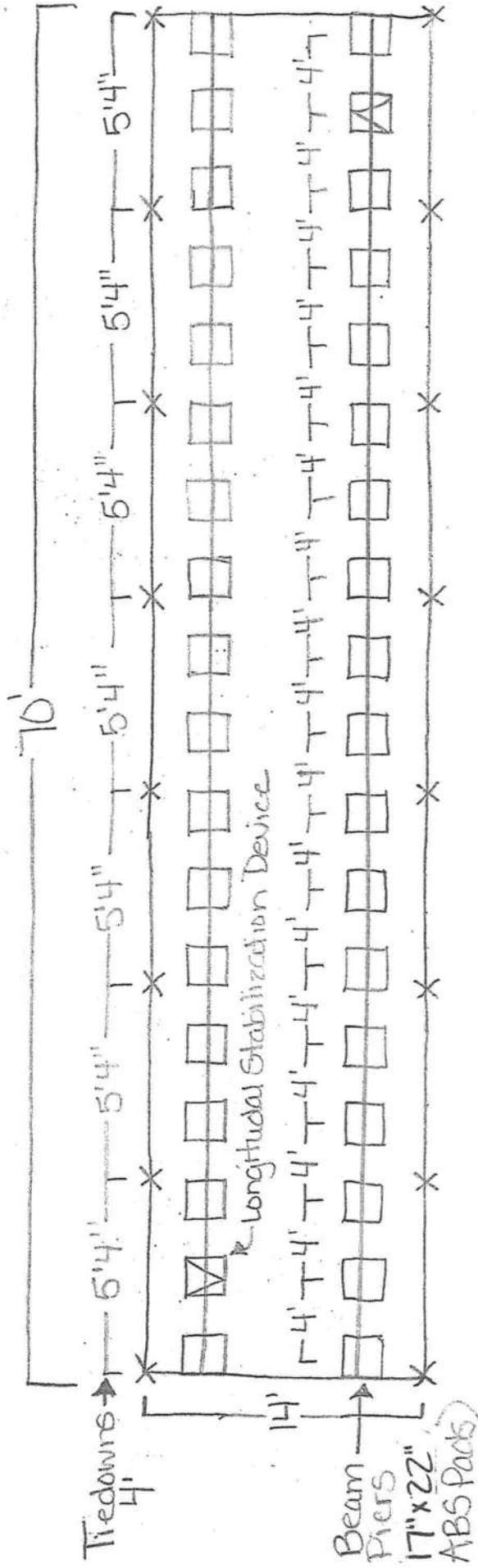
Electrical crossovers protected. Yes ☒ N/A ☐

Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature [Signature]

Date 6-19-10



2005 Fleetwood (SN#...53806)

Set by 152

Assume 1,000 PSF

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM
MODEL 1101"V" (STEPS 1-16)
LONGITUDINAL ONLY: FOLLOW STEPS 1-9
FOR ADDING LATERAL ARM: Follow Steps 10-15
FOR CONCRETE APPLICATIONS: Follow Steps 10-19

ENGINEERS STAMP

ENGINEERS STAMP

1. SPECIAL CIRCUMSTANCES: If the following conditions occur - STOP! Contact Oliver Technologies at 1-800-284-7437:
a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).
3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush with or below soil.
SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 275 & 355 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT
(Approx. 45 degrees Max.)

1.25" ADJUSTABLE
Tube Length

1.50" ADJUSTABLE
Tube Length

7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degrees and not below 40 degrees.
9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.
NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".
FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 80" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.

OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 931-786-4555
Fax: 931-786-8811
www.olivertechnologies.com

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: 6/22/2010 DATE ISSUED: 6/23/2010

ENHANCED 9-1-1 ADDRESS:

897 NW SUWANNEE VALLEY RD

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

21-2S-16-01685-002

Remarks:

2ND LOC

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.

1760

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ON-SITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # AP968239
DATE PAID 310.00
FEE PAID \$ 6/18/10
RECEIPT # 12-22-1273847
CR # 09-4930

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Temporary/Experimental System
☐ Repair ☐ Abandonment ☐ Other (Specify) _____

APPLICANT: NANCY GOODWIN

TELEPHONE: 623-9580

AGENT: PAUL LLOYD

MAILING ADDRESS: 899 NW SUWANNEE VALLEY RD. CITY: LAKE CITY STATE: FL ZIP: 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ MEETS & BOUNDS _____ DATESUBD: _____

PROPERTY ID #: 21-25-15-01685-000 [Section/Township/Range/Parcel] ZONING: RES

PROPERTY SIZE: 4.48 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC

PROPERTY STREET ADDRESS: 899 NW SUWANNEE VALLEY RD.

DIRECTIONS TO PROPERTY: 41 NORTH TURN LEFT ON SUWANNEE VALLEY RD. AROUND 1ST CURVE SITE ON RIGHT.

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft.	# Persons Served	Business Activity For Commercial Only
1	<u>MOBILE HOME</u>	<u>3</u>	<u>902</u>	<u>4</u>	
2					
3					
4					

[N] Garbage Grinders/Disposals
[N] Ultra-low Volume Flush Toilets

[N] Spas/Hot Tubs
[N] Other (Specify) _____

[N] Floor/Equipment Drains

APPLICANT'S SIGNATURE: Paul Lloyd

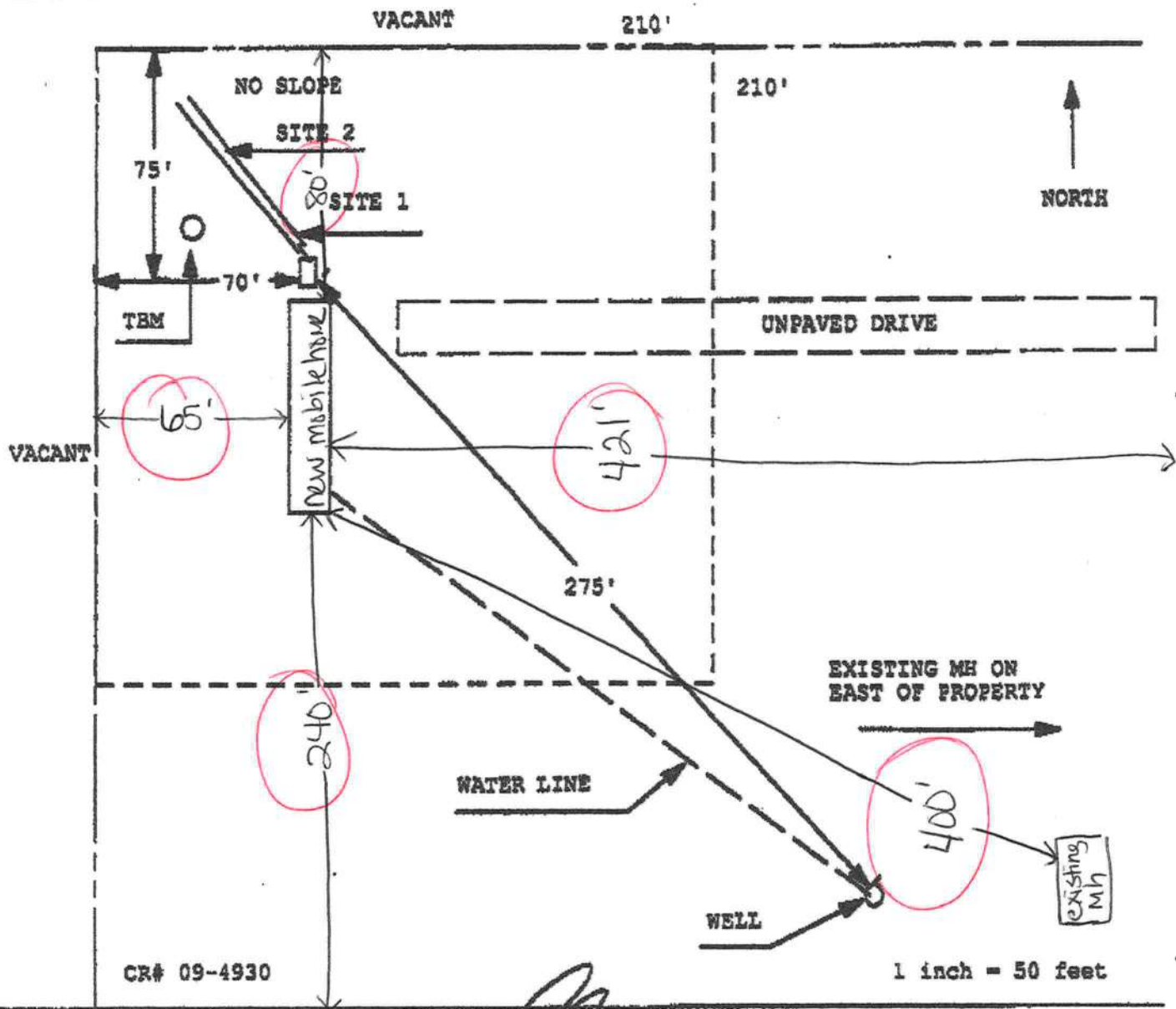
DATE: 6/17/10

RECEIVED

ENTERED

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 10-292

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Swansee Valley Rd.

Site Plan Submitted By Paul T. [Signature] Date 6/7/10
Plan Approved X Not Approved Date 6/15/10
By [Signature] **Col. [Signature] - CHD** CPBU
Notes:

SF

PERMIT #: 12-SC-1147143

APPLICATION #: AP968239

DATE PAID: 6/8/10

FEE PAID: 310.00

RECEIPT #: 12-73843

DOCUMENT #: PR813448



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

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: NANCY (10-0282-N) GOODWIN

PROPERTY ADDRESS: 899 NW SUWANNEE VALLEY Rd Lake City, FL 32065

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 01885-000

(SECTION, TOWNSHIP, RANGE, PARCEL NUMBER)
(OR, TAX ID NUMBER)

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRES THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [800] GALLONS / GPD CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY (MAXIMUM CAPACITY SINGLE TANK: 1280 GALLONS)
K [] GALLONS DOSING TANK CAPACITY [] GALLONS () Doses PER 24 HRS (Pumps [])

D [375] SQUARE FEET SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in 30" Cherry Tree west of system site.

E ELEVATION OF PROPOSED SYSTEM SITE [24.00] INCHES / FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

S BOTTOM OF DRAINFIELD TO BE [36.00] INCHES / FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

A

D TRENCH REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [0] INCHES

G The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with
S. 84E-6.013(3)(f), FAC.

T

E

K

R

SPECIFICATIONS BY: PAUL LLOYD

TITLE: FOR

APPROVED BY:

TITLE: Environmental Specialist I

Columbia CND

DATE ISSUED:

05/15/2010

EXPIRATION DATE:

12/15/2011

DK 4016, 06/09 (obsoletes all previous editions which may not be used)

Incorporated: 64E-6.002, FAC

Page 1 of 3

v 1.1.4

25068239

THE E 501.60 FT OF S 827.92
FT OF SE1/4 OF SW1/4.
ORB 528-425. EX THE S 438.55
FT DESC ORB 751-013 (BEING

GOODWIN NANCY
13630 93RD DR
LIVE OAK, FL 32060

21-2S-16-01685-002
PRINTED 5/04/2010 20:15
APPR 10/28/2008 DF

Columbia County 2010 R
CARD 001 of 001
BY JEFF

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WARRANTY DEED

This Warranty Deed made and executed the 15th day of January A.D. 2007, by LENVIL H. DICKS, a single man not residing on the property described herein, hereinafter called the grantor, NANCY GOODWIN, whose post office address is 13630 93RD DRIVE, LIVE OAK, FL 32060, 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 the 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:

TOWNSHIP 2 SOUTH, RANGE 16 EAST

SECTION 21: THE SOUTH 435.20 FEET OF THE NORTH 872.59 FEET OF THE EAST 501.60 FEET OF THE SE ¼ OF SW ¼ CONTAINING 5.01 ACRES MORE OR LESS.

THIS SALE INCLUDES SINGLE WIDE MOBILE HOME 1989 ALLE I.D. NO. CLFL90694

Together with all the tenements, hereditaments and appurtenances thereto belong or in any-wise 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 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, 1994.

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:

Nanci Nettles
Signature of Witness

Nanci Nettles
Print name of Witness

T. J. Brannon
Signature of witness

T. J. Brannon
Print name of Witness

Lenvil H. Dicks L.S.
LENVIL H. DICKS

Inst:2007001426 Date:01/19/2007 Time:11:56
Doc Stamp-Deed : 146.30
J. J. DC, P. Dewitt Cason, Columbia County B:1108 P:766

State of Florida
County of Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Lenvil H. Dicks, who is personally known to me to be the person described in and who executed the foregoing instrument, who was not required to furnish identification, and he acknowledged before me that he executed the same and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 15th day of January, A.D. 2007

Nanci Nettles
Notary Public, State of Florida

This instrument prepared by: Bradley N. Dicks
Address: P.O. Box 513 Lake City, FL 32056



COLUMBIA COUNTY, FLORIDA
LAND DEVELOPMENT REGULATION ADMINISTRATOR
SPECIAL PERMIT FOR TEMPORARY USE
APPLICATION

Permit No. STUP - 1006-17

Date 22 JUNE 2010

Fee \$450.00

Receipt No. 4069

Building Permit No. _____

Name of Title Holder(s) Nancy Goodwin

Address 899 N.W. Swannee Valley Rd. City Lake City

Zip Code 32052

Phone (386) 867-6172

NOTE: If the title holder(s) of the subject property are appointing an agent to represent them, a letter from the title holder(s) addressed to the Land Development Regulation Administrator **MUST** be attached to this application at the time of submittal stating such appointment.

Title Holder(s) Representative Agent(s) _____

Address _____ City _____

Zip Code _____

Phone ()

Paragraph Number Applying for # 7

Proposed Temporary Use of Property MH daughter Kasey Johnson

Proposed Duration of Temporary Use 5 yrs.

Tax Parcel ID# 21-25-16-01685-002

Size of Property 5 acres

Present Land Use Classification A-3

Present Zoning District A-3

Certain uses are of short duration and do not create excessive incompatibility during the course of the use. Therefore, the Land Development Regulation Administrator is authorized to issue temporary use permits for the following activities, after a showing that any nuisance or hazardous feature involved is suitably separated from adjacent uses; excessive vehicular traffic will not be generated on minor residential streets; and a vehicular parking problem will not be created:

1. In any zoning district: special events operated by non-profit, eleemosynary organizations.
2. In any zoning district: Christmas tree sales lots operated by non-profit, eleemosynary organizations.
3. In any zoning district: other uses which are similar to (1) and (2) above and which are of a temporary nature where the period of use will not extend beyond thirty (30) days.
4. In any zoning district: mobile homes or travel trailers used for temporary purposes by any agency of municipal, County, State, or Federal government; provided such uses shall not be or include a residential use.
5. In any zoning district: mobile homes or travel trailers used as a residence, temporary office, security shelter, or shelter for materials of goods incident to construction on or development of the premises upon which the mobile home or travel trailer is located. Such use shall be strictly limited to the time construction or development is actively underway. In no event shall the use continue more than twelve (12) months without the approval of the Board of County Commissioners and the Board of County Commissioners shall give such approval only upon finding that actual construction is continuing.
6. In agricultural, commercial, and industrial districts: temporary religious or revival activities in tents.
7. In agricultural districts: In addition to the principal residential dwelling, two (2) additional mobile homes may be used as an accessory residence, provided that such mobile homes are occupied by persons related by the (grandparent, parent, step-parent, adopted parent, sibling, child, stepchild, adopted child or grandchild) of the family occupying the principal residential use. Such mobile homes are exempt from lot area requirements. A temporary use permit for such mobile homes may be granted for a time period up to five (5) years. The permit is valid for occupancy of the specified family member as indicated on Family Relationship Affidavit and Agreement which shall be recorded in the Clerk of the Courts by the applicant.

The Family Relationship Affidavit and Agreement shall include but not be limited to:

- a. Specify the family member to reside in the additional mobile home;
- b. Length of time permit is valid;

- c. Site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building;
- d. Responsibility for non ad-valorem assessments;
- e. Inspection with right of entry onto the property by the County to verify compliance with this section. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section and;
- f. Shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
- g. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
- h. Requirements upon expiration of permit. Unless extended as herein provided, once a permit expires the mobile home shall be removed from the property within six (6) months of the date of expiration.

The property owner may apply for one or more extensions for up to two (2) years by submitting a new application, appropriate fees and family relationship residence affidavit agreement to be approved by the Land Development Regulations Administrator.

Previously approved temporary use permits would be eligible for extensions as amended in this section.

- 8. In shopping centers within Commercial Intensive districts only: mobile recycling collection units. These units shall operate only between the hours of 7:30 a.m. and 8:30 p.m. and shall be subject to the review of the Land Development Regulation Administrator. Application for permits shall include written confirmation of the permission of the shopping center owner and a site plan which includes distances from buildings, roads, and property lines. No permit shall be valid for more than thirty (30) days within a twelve (12) month period, and the mobile unit must not remain on site more than seven (7) consecutive days. Once the unit is moved off-site, it must be off-site for six (6) consecutive days.
- 9. In agriculture and environmentally sensitive area districts: a single recreational vehicle as described on permit for living, sleeping, or housekeeping purposes for one-hundred eighty (180) consecutive days from date that permit is issued, subject to the following conditions:
 - a. Demonstrate a permanent residence in another location.
 - b. Meet setback requirements.

- c. Shall be hooked up to or have access to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.

Upon expiration of the permit the recreational vehicle shall not remain on property parked or stored and shall be removed from the property for 180 consecutive days.

Temporary RV permits are renewable only after one (1) year from issuance date of any prior temporary permit.

Temporary RV permits existing at the effective date of this amendment may be renewed for one (1) additional temporary permit in compliance with these land development regulations, as amended. Recreational vehicles as permitted in this section are not to include RV parks.

Appropriate conditions and safeguards may include, but are not limited to, reasonable time limits within which the action for which temporary use permit is requested shall be begun or completed, or both. Violation of such conditions and safeguards, when made a part of the terms under which the special permit is granted, shall be deemed a violation of these land development regulations and punishable as provided in Article 15 of these land development regulations.

I (we) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

Nancy Goodwin
Applicants Name (Print or Type)

Nancy Goodwin
Applicant Signature

6/16/10
Date

Approved X BLK 22.06.10 **OFFICIAL USE**

Denied _____

Reason for Denial _____

Conditions (if any) _____

COLUMBIA COUNTY, FLORIDA
LAND DEVELOPMENT REGULATION ADMINISTRATOR
SPECIAL PERMIT FOR TEMPORARY USE
AUTHORIZATION

The undersigned, Nancy Goodwin (herein "Property Owners"), whose physical 911 address is 899 N.W. Suwannee Valley Rd. Lake City, FL hereby understand and agree to the conditions set forth by the issuance of a Special Temporary Use Permit in accordance with the Columbia County Land Development Regulations (LDR's). I hereby further authorize _____ to act on by behalf concerning the application for such Special Temporary Use Permit on Tax Parcel

ID # 21 - 25 - 16 - 01685 - 002.

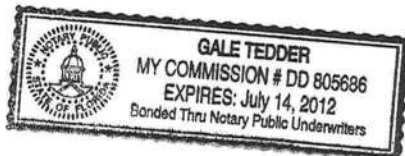
Dated this 16th Day of June, 20 10.

Nancy Goodwin
Property Owner (signature)

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 16th Day of June, 20 10, by Nancy Goodwin Who is personally known to me or who has produced a _____ Driver's license as identification.

(NOTARIAL
SEAL)



Gale Tedder
Notary Public, State of Florida

My Commission Expires:

AFFIDAVIT AND AGREEMENT OF SPECIAL
TEMPORARY USE FOR IMMEDIATE
FAMILY MEMBERS FOR
PRIMARY RESIDENCE

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst 201012010000 Date 6/24/2010 Time: 1:58 PM
DC P DeWitt Cason, Columbia County Page 1 of 2 B 1196 P 1806

BEFORE ME the undersigned Notary Public personally appeared.

NANCY GOODWIN, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and RASEY JOHNSON, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as DAUGHTER, and both individuals being first duly sworn according to law, depose and say:

1. Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 21-25-16-01685-002.
4. No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 21-25-16-01685-002 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.
7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.
8. The parent parcel owner shall be responsible for non ad-valorem assessments.

9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

Nancy Goodwin
Owner

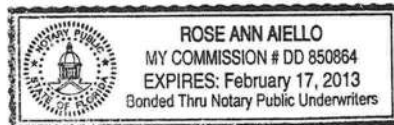
Kasey Johnson
Family Member

Nancy Goodwin
Typed or Printed Name

Kasey Johnson
Typed or Printed Name

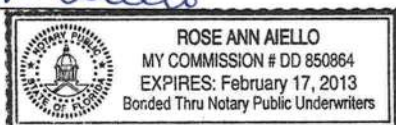
Subscribed and sworn to (or affirmed) before me this 24 day of June, 2010, by Nancy Goodwin/Kasey Johnson (Owner) who is personally known to me or has produced FL DL as identification.

Rose Ann Aiello
Notary Public



Subscribed and sworn to (or affirmed) before me this 24 day of June, 2010, by Kasey Johnson (Family Member) who is personally known to me or has produced FL DL as identification.

Rose Ann Aiello
Notary Public



COLUMBIA COUNTY, FLORIDA

By: Brian L. Repner
Name: BRIAN L. REPNER
Title: LAND DEVELOPMENT REGULATION
ADMINISTRATOR

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Hamilton
 OWNERS NAME Kasey Register PHONE 336-633-9680 CELL 407-908-5507
 INSTALLER Lionel Easter PHONE 407-908-5506 CELL 407-908-5507
 INSTALLERS ADDRESS 4647 NW 63rd Ave Jennings, FL 32053

MOBILE HOME INFORMATION HUD # 6E047346
 MAKE Fleetwood YEAR 2005 SIZE 14' x 70'
 Timberwood 6763M
 COLOR gray SERIAL No 6APL507A538160-TW21
 WIND ZONE 11 SMOKE DETECTOR _____

INTERIOR:
 FLOORS OK
 DOORS OK
 WALLS OK
 CABINETS OK
 ELECTRICAL (FIXTURES/OUTLETS) OK

EXTERIOR:
 WALLS / SIDING OK
 WINDOWS OK
 DOORS OK

INSTALLER:
 APPROVED [Signature] NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Lionel Easter

Installer/Inspector Signature [Signature] License No. _____ Date 6-19-10

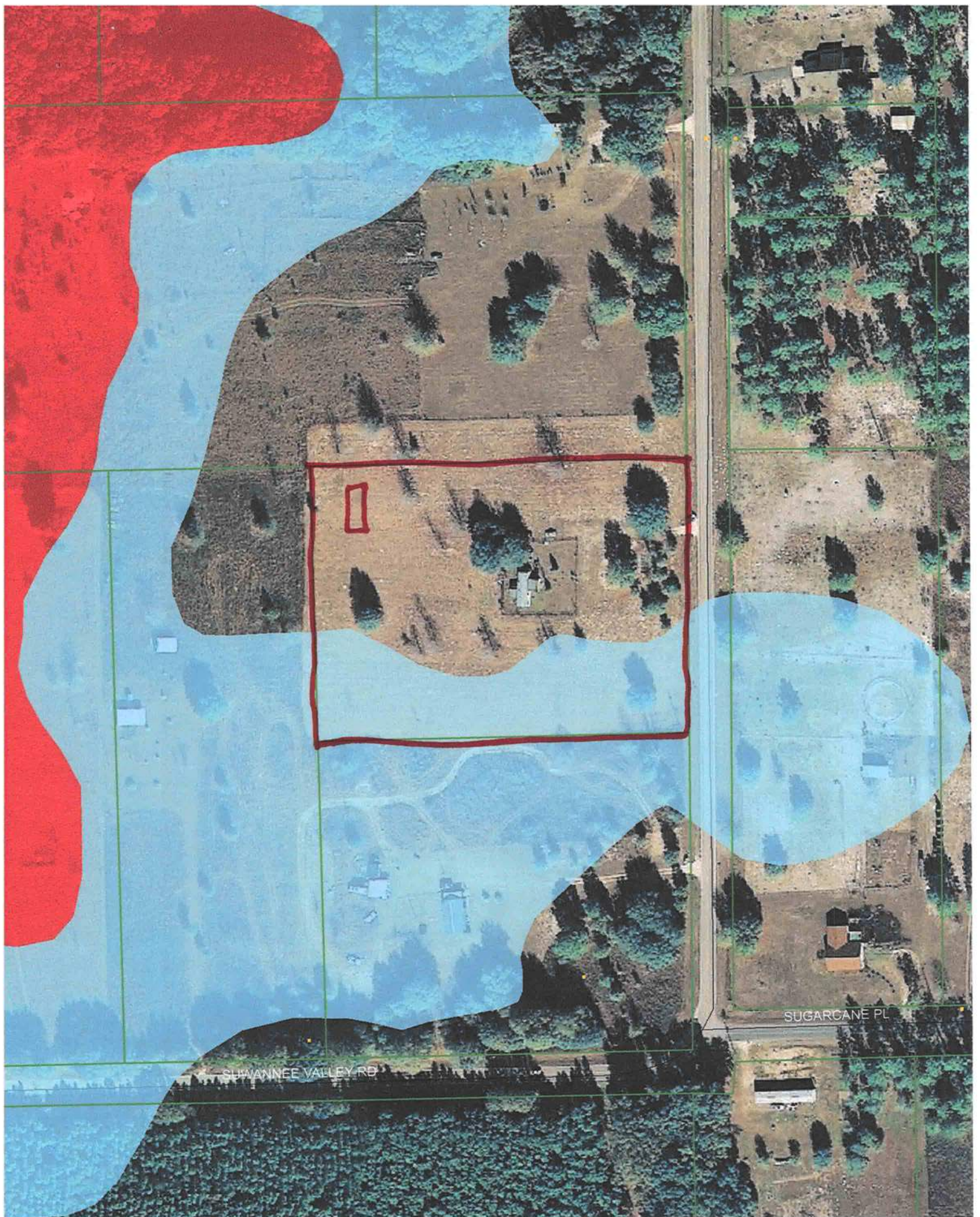
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2039 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 6-25-10



1006-60

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1006-60 CONTRACTOR Lionel Easter PHONE 407-908-5806
 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>Kasey Johnson</u> License #: <u>owner</u>	Signature <u>Kasey Johnson</u> Phone #: <u>386-623-9680</u>
MECHANICAL/ A/C	Print Name <u>Kasey Johnson</u> License #: <u>owner</u>	Signature <u>Kasey Johnson</u> Phone #: <u>386-623-9680</u>
PLUMBING/ GAS ✓	Print Name <u>Lionel Easter</u> License #: <u>1H/1025210/1</u>	Signature <u>[Signature]</u> Phone #: <u>407-908-5807</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.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 7/15/10 BY LS IS THE MOBILE HOME ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Kasey Register PHONE _____ CELL 623-9680

ADDRESS 897 NW Suwannee Valley Rd.

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 41N, TL Suwannee Valley Rd,
8 1/2 mile on right

MOBILE HOME INSTALLER Lone/ EASLER PHONE 407908-5806 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2005 SIZE 14 x 70 COLOR Gray

SERIAL NO. SAFL507A53866 TW:1

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

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

☒ SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 6-24-10

☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

Paid By: Misty EASLER

☒ DOORS () OPERABLE () DAMAGED

Notes: _____

☒ WALLS () SOLID () STRUCTURALLY UNSOUND

☒ WINDOWS () OPERABLE () INOPERABLE

☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

☒ CEILING () SOLID () HOLES () LEAKS APPARENT

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

EXTERIOR:

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

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

☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED ☐ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE [Signature] ID NUMBER 402 DATE 7-16-10