DATE # 04/07/2008

Columbia County Building Permit

.

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT 000026910

APPLICANT THOMAS SEALEY	PHONE 867-0640
ADDRESS 267 NE GRANGER MILL AVE	LAKE CITY FL 32025
OWNER THOMAS SEALEY	PHONE 867-0640
ADDRESS 132 NE WILLIAMS ST	LAKE CITY FL 32055
CONTRACTOR TERRY THRIFT	PHONE 623-0115
LOCATION OF PROPERTY EAST ON WASHINGTON ST, TI	ON GRANGER MILL AVE, TR ON WILLIAM
FIRST VACANT LOT ON RIGHT	
TYPE DEVELOPMENT MH,UTILITY EST	TIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL ARE	A HEIGHT STORIES
FOUNDATION WALLS R	OOF 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	DEVELOPMENT PERMIT NO.
PARCEL ID 33-3S-17-06273-000 SUBDIVISION	N EL PATTERSON
LOT 7 BLOCK PHASE UNIT	TOTAL ACRES
000001581 IH0000036	Thomas R Jealez SK.
Culvert Permit No. Culvert Waiver Contractor's License Num	
WAIVER 08-203 CS	<u>JH Y</u>
Driveway Connection Septic Tank Number LU & Zonir	g checked by Approved for Issuance New Resident
COMMENTS: ONE FOOT ABOVE THE ROAD, RSF/MH2 PER BLK	
	Check # or Cash 1007
FOR BUILDING & ZONIN	IC DEPARTMENT ONLY
FOR BUILDING & ZONIN Temporary Power Foundation	Check # of Cash
	G DEPARTMENT ONLY (footer/Slab)
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab	G DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by Sheathing/Nailing
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by	G DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing ab	Monolithic date/app. by date/app. by date/app. by date/app. by ove slab and below wood floor
Temporary Power Foundation	Monolithic date/app. by date/app. by date/app. by date/app. by ove slab and below wood floor date/app. by
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing about date/app. by	G DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by ove slab and below wood floor date/app. by Peri. beam (Lintel)
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Temporary Power	Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by ove slab and below wood floor date/app. by Deri. beam (Lintel) date/app. by date/app. by date/app. by date/app. by date/app. by Culvert date/app. by Deri. beam (Lintel) date/app. by date/app. by date/app. by Deri. by Deri. beam (Lintel) date/app. by Deri. by
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Temporary Power date/app. by Under slab rough-in plumbing Slab	Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by ove slab and below wood floor date/app. by date/app. by date/app. by date/app. by date/app. by Culvert date/app. by date/app. by Department
Temporary Power date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing ab date/app. by Electrical rough-in date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/app Reconnection Pump pole date/app. by M/H Pole Travel Trailer date/app. by BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE	GDEPARTMENT ONLY Monolithic date/app. by date/app. by

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 TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

Pre-Inspection needed

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Ī	For Office Use Only Zoning Official Official OF JTH 2-28-08
	AP# 0802-35 Date Received 2/27/68 By Permit # 1581 - 26910
	Flood Zone Development Permit Zoning Land Use Plan Map Category RLD Comments
	Comments
	FEMA Map # Elevation Finished Floor River In Floodway
	Site Plan with Setbacks shown Environmental Health Signed Site Plan
- 1	□ Well letter provided □ Existing Well Revised 9-23-04
±	Property ID 33-35-17 · 06273 - 000 Must have a copy of the property deed
7.02	New Mobile Home Year 85
•	Subdivision Information <u>EL Pallerson</u> , Lot 7
	Applicant Thomas & Sealey SK Phone # 386-755-9866
•	Address 267 NE Granger mill Aue Lake City Flat 32025
720	Name of Property Owner Thomas R Sealey Phone# 386-755-9866
•	911 Address 132 NE William 5 St. L.C. 32055
	Circle the correct record
_	(Circle One) - Suwannee Valley Electric - Progressive Energy
	Name of Owner of Mobile Home Thomas A Sealey Phone # 386-755-9866
	Address 267 NE Gronger mill Ave LiC, Fla 32025
-	
_	Relationship to Property Owner
•	Current Number of Dwellings on Property
	Lot Size 78 X 170 Total Acreage
	Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
_	Driving Directions washington st To Gronger will Ave Cross track
-	Diving Directions Washington ST 10 Cross Wath
	90 To williams Rd Take Right First Vocant lot on Right
•	Is this Mobile Home Replacing an Existing Mobile Home No Cowes
	Name of Licensed Dealer/Installer Terry L. Thrift Phone # 386) 623-0115
	Installers Address 448 NW Mye Hunter DR LAKE City Flx 32055
_	
	License Number 1# 0000036 Installation Decal #294716

		Made Made All Steel Foundation Outston			Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	I understand Lateral Arm Systems carrot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's initials	hame is a single wide fill out one half of the bill hame is a single wide fill out one half of the bill hame is a triple or quad wride afatch in russian	NE G
Longitudinal Stabilizing Device (LSD) Marufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Manufacturer Shearwall Manufacturer	within 2' of er spaced at 5' of NESS	List all marriage well openings greater than 4 foot and their pier pad sizes below. Opening Pier pad size ANCHORS	16 x 18 18.5 x 18.5 16 x 22.5 17 x 22 13 1/4 x 26 1/4 20 x 20 17 3/16 x 25 3/16	rom Rule 15C-1 pier specing table. PER PAD SIZES Ped Size 16 x 16	Capacity (sq in) (258) (342) (400) (484) (5/6) (6/6) (6/6) (1000 psi 4/6 6/6 8/6 8/6 8/6 8/6 8/6 8/6 8/6 8/6 8	PIER SPACING TABLE FOR USED HOMES Foother 18"×18" 18 1/2" × 18 1/2" 20"×20" 22"×22" 24" × 24" 2	Installation Decail 27 47 16 Serial # FLFLIAF12700	New Home Used Home 4 Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide 47 Wind Zone II VI Wind Zone III 1

PERMIT NUMBER

POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer.	TORQUE PROBE TEST Type gasket per if you are declaring 5' anchors without testing A test showing 275 inch pounds or chack Pg.	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 tile 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 Fireplace chi	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	Installer Name Paraly J. / Miles T. Skirting to be	2/21/09	Clher:
--	--	---	---	--	---------	--------

Between Floors Yes Between Walls · Yes Bottom of ridgebeam

understand homes and t a result of a of tape will n		Roof S		Debris and o	
I understand a property installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and bucked marriage walls are a result of a poorty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Installer's initials		Type Fastener: Length: Spacing: Length: Spacing: Length: Spacing: Length: Spacing: Length: Spacing: Spacing: Length: Spacing: Spacin		Debris and organic material removed Water drainage: Natural Swa	
lled gasket is a requirent n, motd, meldew and bu or no gasket being instal sket. Installer's initials	Gastast (westterproofing requirement)	Length: Length: Length: Length: a min. 30 gauge, (ver the peak of the on center on both	Fastening multi wide units	removed Swale	Sita Properation
requirement v and buckle ng installed. 's initials	fing requirement)	th: It: It: It: It: It: It: It:	wide units	P 26.	noion
of all new a d marriage v i understar		Spacing: Spacing: Spacing: Spaking: Spaking: Amenized metal astened with g		Other	

ng to be installed. Yes No vent installed outside of skirting. Yes e downflow vent installed outside of skirting. g on units is installed to manufacturer's specifications. Yes lace chimney installed so as not to allow intrusion of rain water. ottomboard will be repaired and/or taped. Yes lines supported at 4 foot intervals.

installer verifies all information given with this permit worksheet Installer Signature manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

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.

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available. DOX 4260 SINGLE WIDE MOBILE HOME

DOUBLE WIDE MOBILE HOME





Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing carracity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

LIMITED POWER OF ATTORNEY

I, TERRY L. THRIFT, LICENSE #1H-0000036 EXPIRING 09-30-20 08. DO HEREBY AUTHORIZE Thomas Research Sk. To be my representative and act on my be half in all aspects of applying for a mobile home move on permit to be installed in county, florida.
TERRYL. THRIFT DATE DATE
SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF 46.
Rebecca L arman NOTARY PUBLIC
PERSONALLY KNOWN: REBECCA L. ARNAU MY COMMISSION # DD 678592 EXPIRES: September 25, 2011 Bonded Thru Notary Public Underwriters
PRODUCED ID:
YEAR 85 MAKE 04k wood SN# FLFL 14F2270095
PROPERTY ID/LOCATION

AFFIDAVIT

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

Customer's	Name: Tho	mus LSc	aler 5h			
Property ID:	Sec:	Twp:	Rge:	Tax Parcel	No:	
Lot:	Block:	Subdivision:				_
Mobile Home	Year/Make:_	85 OF	1k wood		Size:_	14×60
Sworn to and	e of Mobile Home	efore me this_		Jeb.		, 20 <u> 17</u> 8
by Terru	REBECCA L ARNAU MY COMMISSION # DD 67 EXPIRES: September 25, 2 Bonded Thru Notary Public Under	8592	Reb	ecca h	. Qr	mau.
Notary's nam	e printed/type	d	Commis Person	Public, State ssion NoD ally Known:_ ed ID (type)_	D 6-	

RONNIE BRANNON, CFC
COLUMBIA COUNTY TAX COLLECTOR
TAX ACCOUNT NUMBER
R06273-000

R06273-000

2007 REAL ESTATE
NOTICE OF AD VALOREM TAXES OF ASSESSED VALUE
EXEMPTIONS
49,292
25,0

R

BLUE MURION OF REJURN ENTIRE NOTICE WITH A SELF-ADDRESSED STAMPED ENVELOPE FOR A VALIDATED RECEIPT

MEIAIN

SEE INSERT FOR IMPORTANT INFO AND TELEPHONE NUMBERS WWW.COLUMBIATAXCOLLECTOR.COM 33-3S-17 010 LOTS 3, 4, 5 15 BLOCK A E DC ORB 895-10 CP ORB 925-17 See Tax Roll

		AD VALO	REM TAXES
TAXII	NG AUTHORITY	MILLAGE RATE (DOLL	ARS PER \$1,000 OF TA
C001 S002	BOARD OF COUNTY COMMISSIONERS COLUMBIA COUNTY SCHOOL BOARD	7.8530	25,000
	DISCRETIONARY	.7600	25,000
	LOCAL	4.7800	25,000
	CAPITAL OUTLAY	2.0000	25,000
W SR	SUWANNEE RIVER WATER MGT DIST	.4399	25,000
HLSH	LAKE SHORE HOSPITAL AUTHORITY	2.0220	25,000
IIDA		.1240	25,000

TOTAL MILLAGE

17.9789

AD VA

LEVYING AUTHORITY

DECOMENTO

FFIR FIRE ASSESSMENTS GGAR SOLID WASTE - ANNUAL

PAY ONLY ONE AMOUNT IN YELLOW SHADED AREA

NON-AD VALOREM ASSE

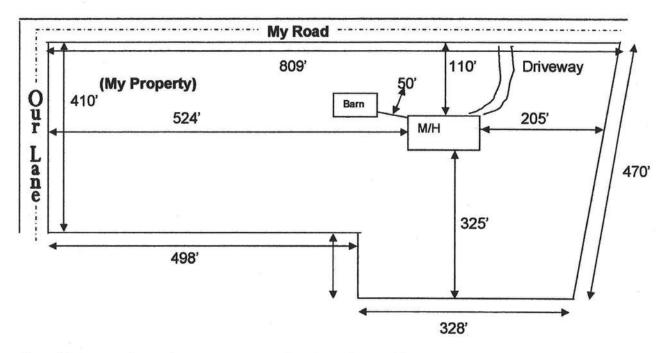
COMBINED TAXES AND ASSESSMENTS

\$714.76

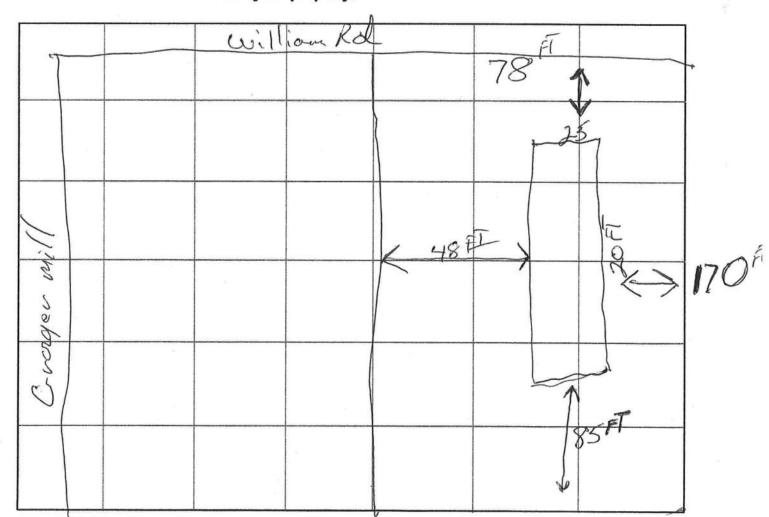
NON-AD VALOREM ASSESSMENTS

ONE

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 road or roads are around your property.



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_ornft@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:

3/3/2008

DATE ISSUED:

3/4/2008

ENHANCED 9-1-1 ADDRESS:

132

NE WILLIAMS

ST

LAKE CITY

FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

33-35-17-06273-000

Remarks:

LOT 7, BLOCK A E.L.PATTERSON S/D

0862.35

Address Issued By: The Owk

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.

Approved Address

MAR 0 4 2008

911Addressing/GIS Dept

1160



STATE OF FLORIDA DEPARTMENT OF HEALTH

RECEIVED

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0803-N

100 Ft.
Scale: Each block represents 5 feet and 1 inch = 50 feet.
main a literation and the comment of the contraction of the contractio
Me all shows
Williams St. 75
Wens * 15
90.5 176 90.5
THE THE PARTY OF T
HITTHE THE PROPERTY OF THE PARTY OF THE PART
The state of the s
HIMEN'S ENDIANTED THE TOTAL DESIGNATION OF THE BEHAVIOR
13-112-58-11-11-12-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13-11-13
Home 300 par day
Parkson of Store T
Notes: Kailroad Street
All the second s
lot 6. Lot 10 is 96.5 x 180' Lot 6 is .39A.
W
Site Plan submitted by:
Signature 3:17:170
Plan Approved Not Approved Date 5:101
By County Health Department
ALL OF MUST BE ADDROVED BY THE COUNTY HEALTH DEPARTMENT
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT TH 4015, 10768 (Regulacos MRS-H Form 4015 which may be used) ADDROVED Date 2
DH 4015, 10/98 (Roplacoa HRS-H Form 4015 which may be used)

FROM : COLUMBIA CO BUILDING + ZON

FAX NO. :386-758-2162

•-

Ma 13 2008 08:59AM P1

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

SOWAUNC CO
COUNTY THE MOBILE HOME IS BEING MOVED FROM SUBJECT OF SECTION
CHANNE KEI NORME
INOTALLE
INSTALLERS ADDRESS 4448 NW Mye Hunten Da Lake City \$10, 32055
MOBILE HOME INFORMATION VEAR 1985 BIZE 14 x 60
COLOR TAN / Brown SERIAL NO. FLFL 14F22 7009513
WIND ZONE SMOKE DETECTOR
INTERIOR: Good
DOORS Good
WALLS Good
CABINETS GOOCL
ELECTRICAL (FIXTURES/OUTLETS)
WALLS/BIDDING GOOD
WINDOWS Replace 2 PAINS
DOORS Replace Front Door
STATUS: APPROVED NOT APPROVED
NOTES:
INSTALLER OR INSPECTORS PRINTED NAME TORRE TORRE
Installer/Inspector Signature / License No. 14 91303 C Date 3/5/08
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 GOLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 344-718-3038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.
Code Enforcement Approval Signature A. Level Date 3-/3-05

FROM : COLLYMBIA CO BUILDING + ZONING FRX NO, : 386-758-2168

FROM : COLUMBIA CO BUILDING + ING FAX NO. :386-758-2160 Apr. 07 2008 08:24AM P1

CODE ENFORCEMENT PRILIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 417 BY W IS THE MIN ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? UES
OWNERS NAME THOMAS C. SENEWSO. PHONE 755-9865 CELL 862 0640
ADDRESS 26-7 NE GRANGE NICH AVE. L.C. 3 2055
MOBILE HOME PARK SUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME E. WISKINGTON - 90-E + J'TIPL COP, TL
TO GODGE HILL AVE. TL COST TOREN - (1d Deve on
MOBILE HOME INSTALLER TOR CHA TT PHONE 6 CELL (23-0/15
MOBILE HOME INFORMATION
MAKE CAKWOOD YEAR 1985 MIZE 14 XGO COLOR SESE
SERIAL NO. FLFLIAF2270095/3
WIND ZONE Must be wind zone il or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS
INTERIOR:
SMOKE DETECTOR () OPERATIONAL () MISSING
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALLS () SOLID () STRUCTURALLY UNSOUND
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FUCTURES () OPERABLE () MISSING
CEILING () SOLID () HOLES () LEAKS APPARENT
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING
EXTERIOR: WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
WINDOWS CRACKED BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
STATUS
APPROVED WITH CONDITIONS: Replace 2 broken windows on Front
NOT APPROVEDNEED RE-INSPECTION FOR FOLLOWING CONDITIONS
SIGNATURE AS J. P. U ID NUMBER 402 DATE 4-7-08

AtN: MeGGe

Columbia County Building Department Culvert Waiver

Culvert Waiver No. 000001581

	0 1 0		
DATE: 04/07/2008 BUILDING PERMIT NO	. 26910		
APPLICANT THOMAS SEALEY	PHONE 5	867-0640	
ADDRESS 267 NE GRANGER MILL AVE	LAKE CITY	FL	32025
OWNER THOMAS SEALEY	PHONE _86	67-0640	
ADDRESS 132 NE WILLIAMS ST	LAKE CITY	FL	32055
CONTRACTOR TERRY THRIFT	PHONE 6	23-0115	I.
LOCATION OF PROPERTY EAST ON WASHINGTON ST, T	TL ON GRANGER MILL A	AVE, TR ON WILI	LIAMS RD,
SUBDIVISION/LOT/BLOCK/PHASE/UNITEL PATTERSON			
PARCEL ID # 33-3S-17-06273-000			
I HERERY CERTIFY THAT I UNDERSTAND AND WILL FILLLY	COMPLY WITH THE I	ECISION OF TH	IE COLUMBIA
COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WE SIGNATURE: Thomas R Judy Sh. A SEPARATE CHECK IS REQUIRED MAKE CHECKS PAYABLE TO BCC		POSED APPLICA	ATION.
SIGNATURE: Thomas R Jealey Sk. A SEPARATE CHECK IS REQUIRED	Amount	POSED APPLICA	ATION.
SIGNATURE: Thomas R Jealey SL, A SEPARATE CHECK IS REQUIRED MAKE CHECKS PAYABLE TO BCC PUBLIC WORKS DEPARTMENT I HAVE EXAMINED THIS APPLICATE	Amount 1 ENT USE ONLY TION AND DETERMINE	Paid 50.00	ATION.
SIGNATURE: Thomas R Jaolay SL, A SEPARATE CHECK IS REQUIRED MAKE CHECKS PAYABLE TO BCC PUBLIC WORKS DEPARTMENT I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATE CULVERT WAIVER IS:	Amount 1 ENT USE ONLY TION AND DETERMINE	Paid 50.00	O
COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WE SIGNATURE: Thomas R Jealey CL, A SEPARATE CHECK IS REQUIRED MAKE CHECKS PAYABLE TO BCC PUBLIC WORKS DEPARTMENT I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATE CULVERT WAIVER IS: APPROVED COMMENTS:	Amount 1 ENT USE ONLY TION AND DETERMINE	Paid 50.00 That the D-NEEDS A	O

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160





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aga 3/3/08	TOTAL FEES CHARGED 3097.40	SCHOOL IMPACT FEE /500-00	CORRECTIONS IMPACT FEE 442.89	FIRE PROTECTION IMPACT FEE 102-67	10300003632210 27.00		
	CHECK NUMBER					CODE 210 UNIT	,
	R					CNI	
)