

DATE 07/02/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022039

APPLICANT LAMAR MARKHAM PHONE 755-1195
 ADDRESS 1612 SW CARL WILSON ROAD FT. WHITE FL 32038
 OWNER LAMAR MARKHAM PHONE 755-1195
 ADDRESS 12365 SE CR 245 LULU FL 32061
 CONTRACTOR C&K MOBILE HOME SERVICE PHONE _____
 LOCATION OF PROPERTY 245 SOUTH, 14 MILES BEFORE UNION COUNTY LST PROPERTY
ON LEFT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT _____
 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 25-5S-17-09377-003 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 3.00

DIH000048
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number DIH000048 Applicant/Owner/Contractor Lamar Markham
 EXISTING _____ 04-0608-N _____ BK _____ RK _____ Y _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE ROAD
Special Family lot permit
 Check # or Cash 2971

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 \$ 17.01 WASTE FEE \$ 36.75
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 303.76
 INSPECTORS OFFICE [Signature] CLERKS OFFICE CA

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

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

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only	Zoning Official	Building Official <u>PK 6-2204</u>
AP# <u>0406-29</u>	Date Received <u>6-10</u>	By <u>CH</u> Permit # <u>22039</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u> Land Use Plan Map Category <u>A-3</u>
Comments <u>Special Family Lot Permit? Need Decal #</u>		
<input checked="" type="checkbox"/> Site Plan with Setbacks shown <input checked="" type="checkbox"/> Environmental Health Signed Site Plan <input checked="" type="checkbox"/> Env. Health Release <input checked="" type="checkbox"/> Need a Culvert Permit <input checked="" type="checkbox"/> Need a Waiver Permit <input checked="" type="checkbox"/> Well letter provided <input checked="" type="checkbox"/> Existing Well Need Rec'd 6-14-04 All needed		

- Property ID 25-55-17-09377-003 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Year 1985
- Subdivision Information _____
- Applicant MORA'S LAMAR MARKHAM Phone # (386) 755-1195
- Address 1612 S.W. CARL WILSON Rd. Ft. White FL 32038
- Name of Property Owner SAME Phone# _____
- 911 Address 12345 SE CR 245
- Name of Owner of Mobile Home SAME Phone # _____
- Address _____
- Relationship to Property Owner N/A
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 3
- Explain the current driveway Existing
- Driving Directions GO 245 S 14 miles Before Union County
Last property on Left.
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer TRAVIS KELLY C+K M/H sales & service inc Phone # 352-213-0720
- Installers Address P.O. Box 1572 Old Town, FL 32680
- License Number DIH000048 Installation Decal # 225101

PERMIT NUMBER

Installer CK NYH Sales Service, Inc. License # 0117000048

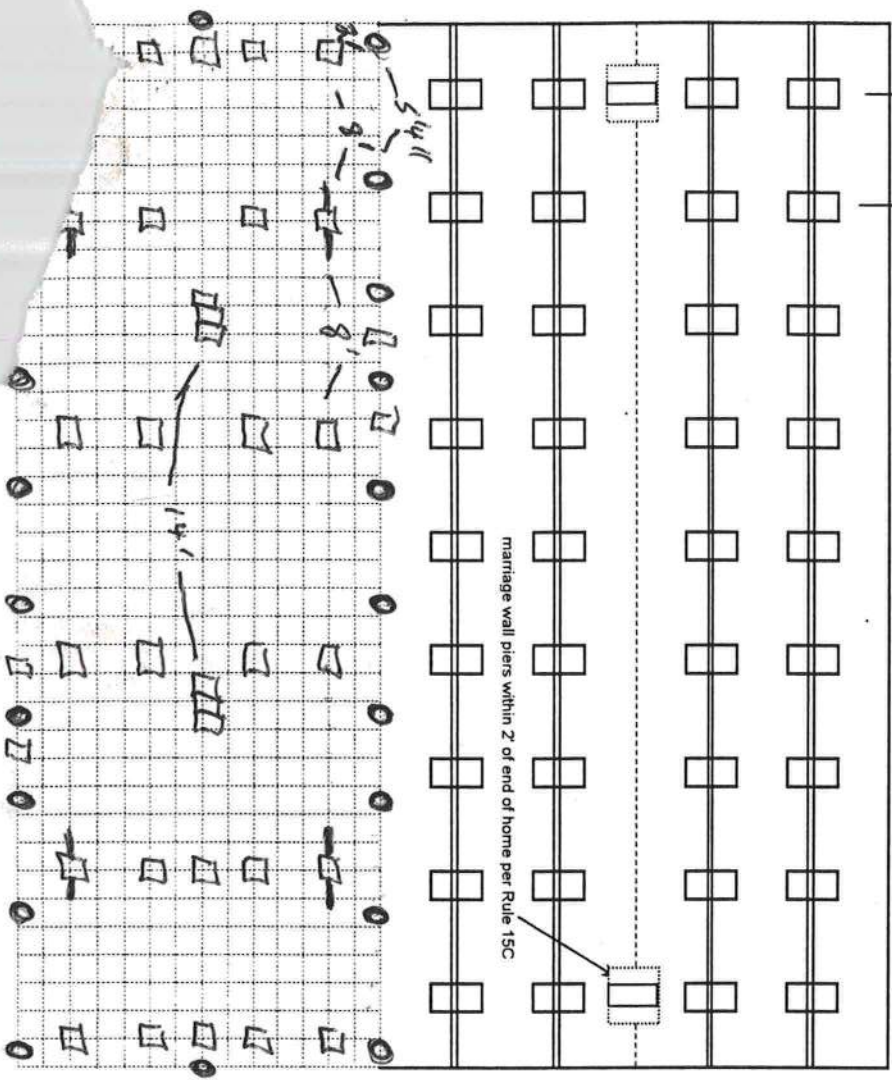
Address of home being installed _____

Manufacturer _____ Length x width 44x24

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 TAK



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 # _____

Triple/Quad Serial # N84264A-B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18 1/2" x 18 1/2"	20" x 20"	22" x 22"	24" x 24"	26" x 26"
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 26x26

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

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 14 Pier pad size 16 x 32

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 Minute Man

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer _____

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall _____

Number _____

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 _____ 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 _____ 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. 1 understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name CTK M/H sales + service Inc
 Date Tested 6-9-04

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 14

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 _____
 Water drainage: Natural

Fastening multi wide units

Floor: Type Fastener: LAGS Length: 5 1/2" Spacing: 16"
 Walls: Type Fastener: LAGS Length: 4 1/2" Spacing: 8"
 Roof: Type Fastener: LAGS Length: 7 1/2" Spacing: 24"
 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 TKK

Type gasket seal seal Installed: Between Floors Yes
 Pg. _____ 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: _____

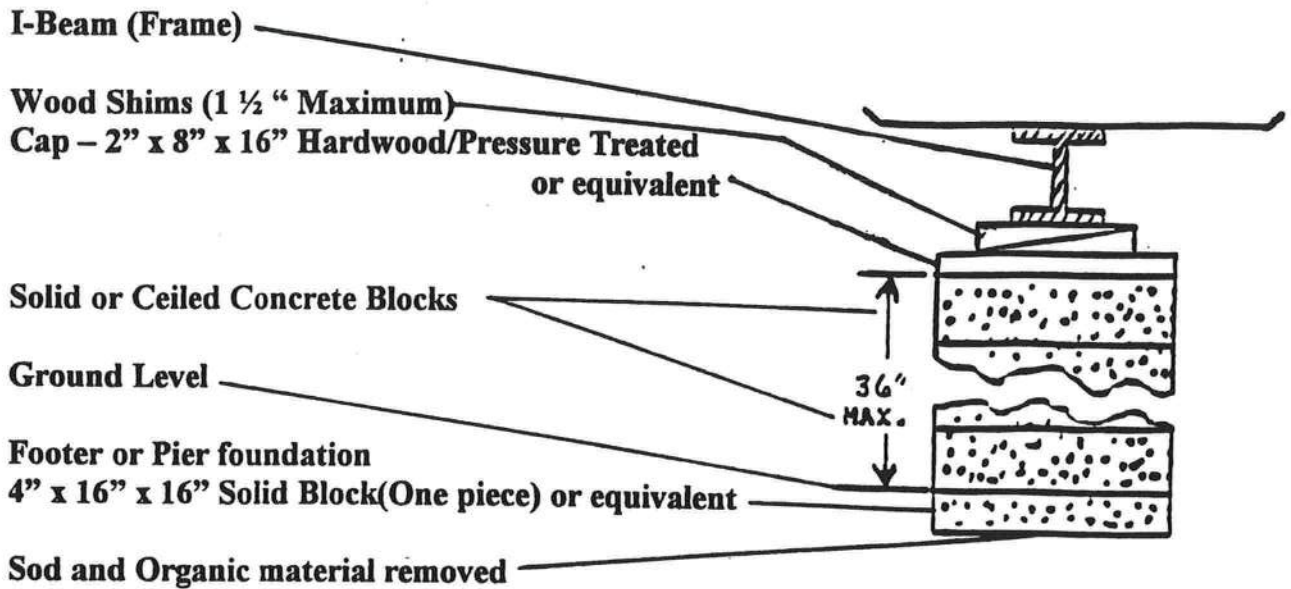
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Steven Kelly Date 6-9-04

PIER BLOCKING EXAMPLES

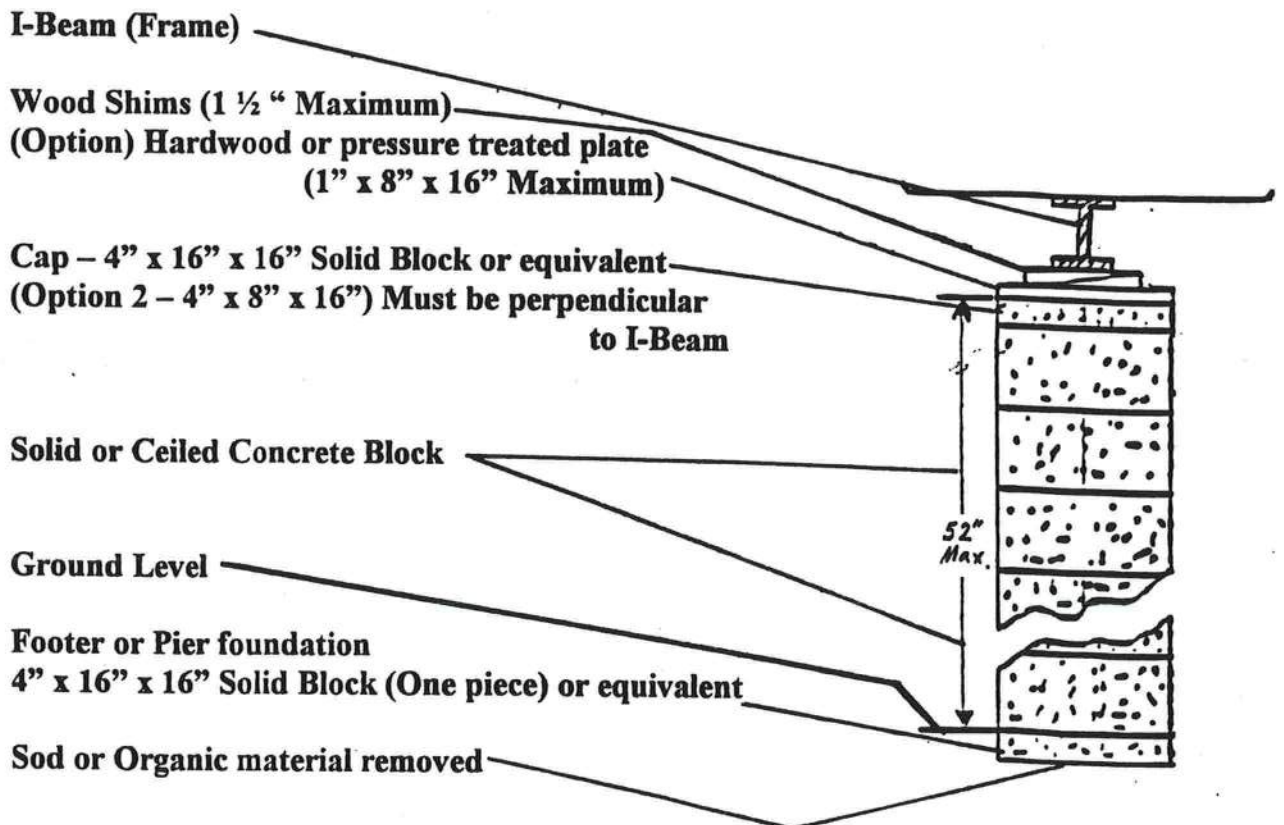
EXAMPLE A

BLOCKING (Single Tiered)



EXAMPLE B

BLOCKING (Double tiered and blocks interlocked)



LETTER OF AUTHORIZATION

Date: 6-9-04

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

I Travis Kelly, License No. D14000048 do hereby
Authorize Lamar Smith to pull and sign permits on my
behalf.

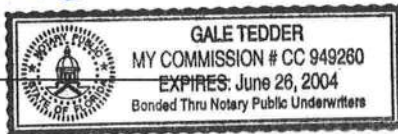
Sincerely,

Travis Kelly

Sworn to and subscribed before me this 10th day of June, 2004.

Notary Public: Gale Tedder

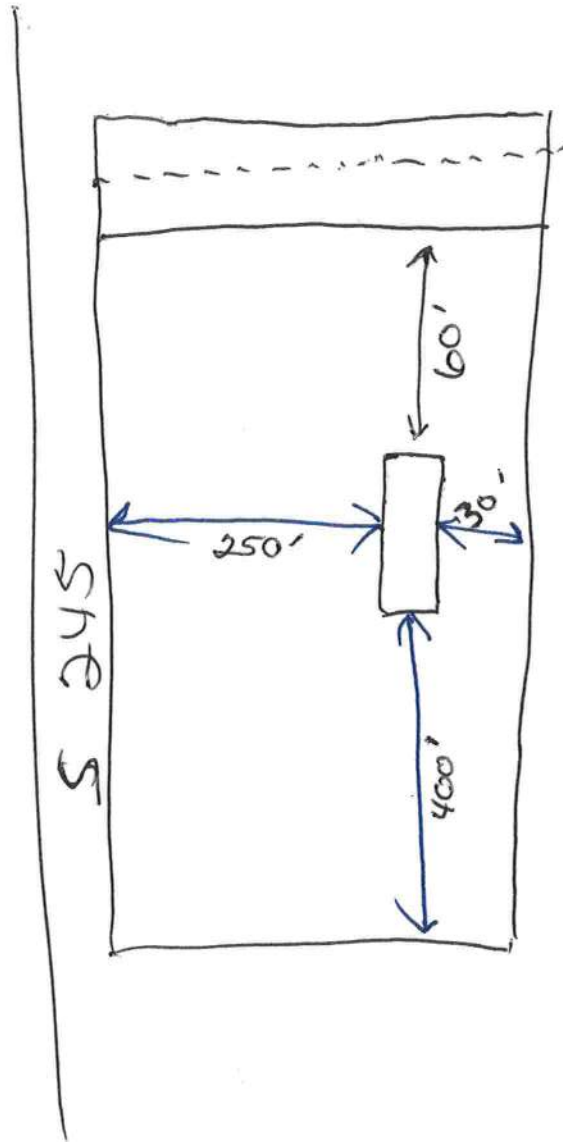
My commission expires: _____



Personally Known _____

Produced Valid Identification: DL

Site PLAN



CAM112M01 CamaUSA Appraisal System
 6/09/2004 14:20 **Legal Description Maintenance**
 Year T Property Sel
 2004, R 25-5S-17-09377-003,

Columbia Count
 Land 000
 508 AG 001
 Bldg 000
 Xfea 000
 508 TOTAL B

MARKHAM MORRIS LAMAR

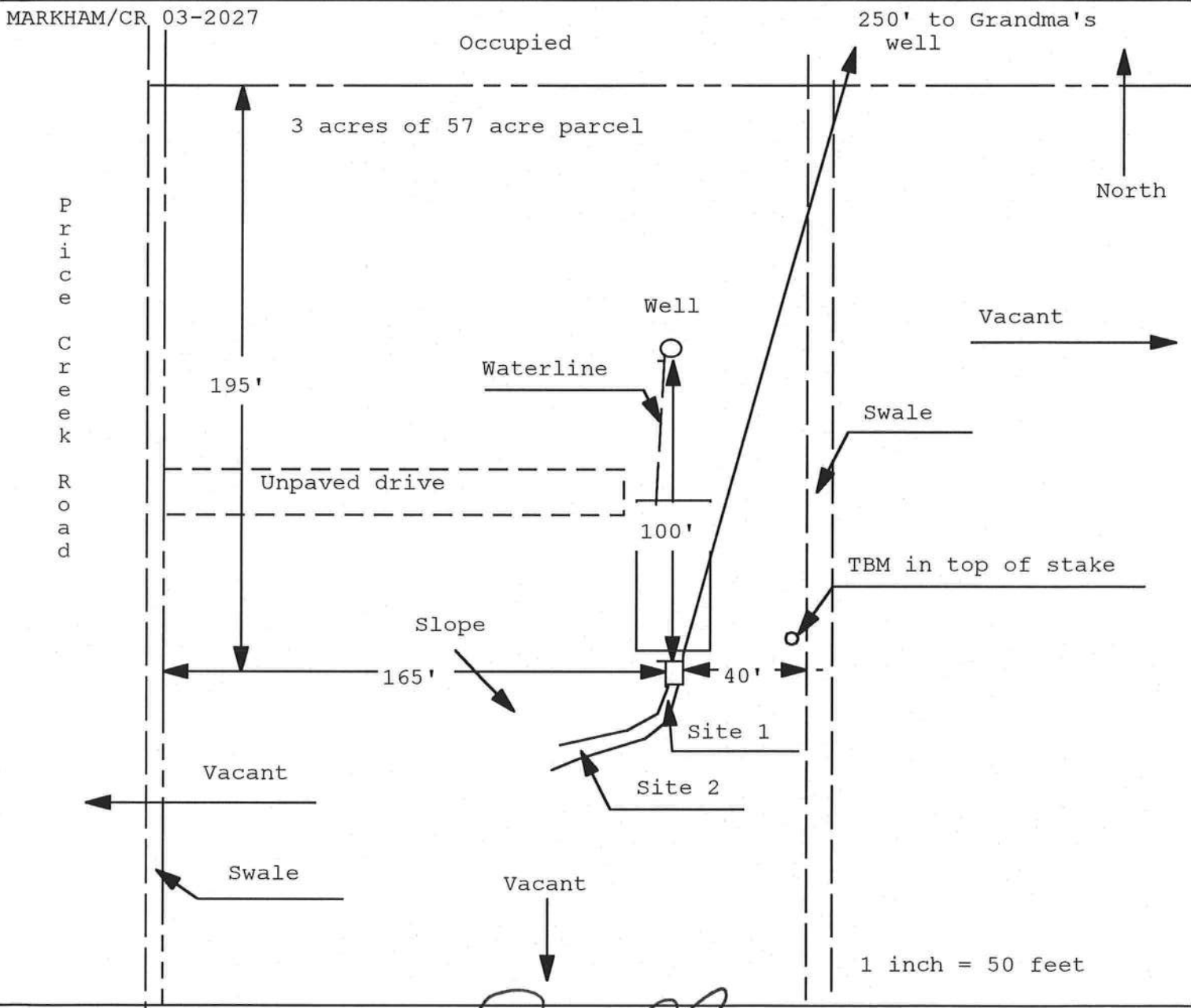
1	COMM SE COR & RUN N 659.38 FT	TO POB, CONT N 456.01 FT,	2
3	THENCE W 303.55 FT TO E R/W	OF SR-245, THENCE SE ALONG	4
5	E R/W LINE 458.92 FT, THENCE	E 273.13 FT TO POB.	6
7	WD 1016-2859.		8
9	. . . . .		10
11	. . . . .		12
13	. . . . .		14
15	. . . . .		16
17	. . . . .		18
19	. . . . .		20
21	. . . . .		22
23	. . . . .		24
25	. . . . .		26
27	. . . . .		28

Mnt 6/08/2004 KYLIE

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan
 Permit Application Number: 04-0608N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul L. Lapp Date 5/3/04
 Plan Approved Not Approved Date 5/3/04
 By Paul L. Lapp Jalanda Kirk CPHU

Notes: _____

LYNCH WELL DRILLING, INC.

RT. 6 BOX 464
LAKE CITY, FL 32025
PHONE (386) 752-6677
FAX (386) 752-1477

RESIDENTIAL WATER WELL BUILDING PERMIT INFORMATION

Building Permit # _____ Owners Name Lamar Markham

Well Depth _____ Ft. Casing Depth _____ Ft. Water Level _____ Ft.

Casing Size 4" PVC _____ Steel

Pump Installation: Submersible Deep Well Jet _____ Shallow Well _____

Pump Make Aermator Pump Model # S20-150 Hp 1 1/2

System Pressure (PSI) _____ On 30 Off 50 Avg. Pressure 50
(PSI)

Pumping System GPM at average pressure and pumping level 20 (GPM)

Tank Installation: Precharged (Baldder) Atmospheric (Galvanized) _____

Make Challenger Model PC-244 Size 81g

Tank Draw-down per cycle at system pressure 25.1 Gallons

I HEREBY CERTIFY THAT THIS WATER WELL SYSTEM HAS BEEN
INSTALLED AS PER ABOVE INFORMATION.

Linda Newcomb
Signature

Linda Newcomb
Print Name

2609 + 1274
License Number

6/14/04
Date



APPROXIMATE SCALE IN FEET
2000 0 2000

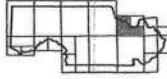
NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 250 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

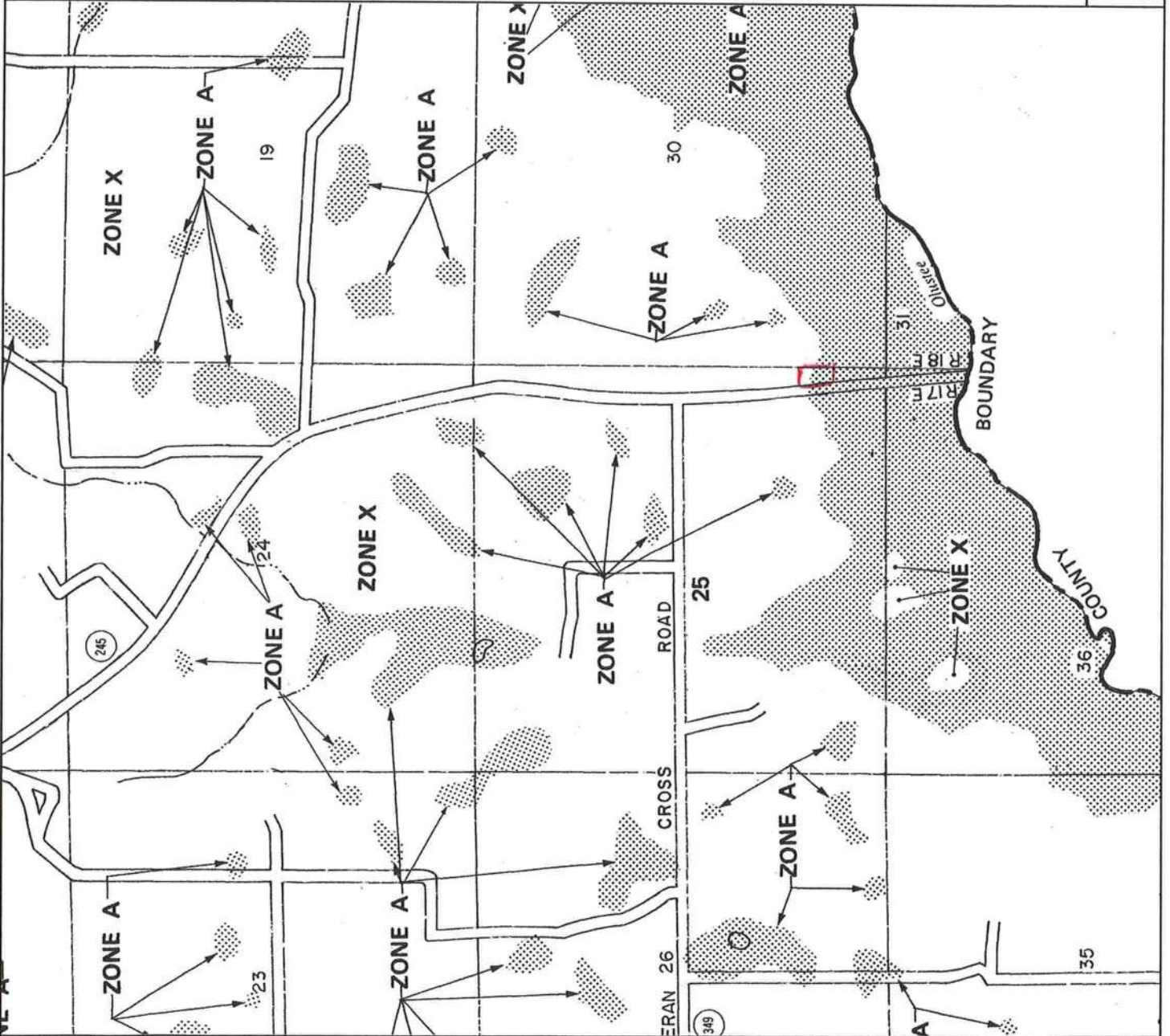
120070 0250 B

EFFECTIVE DATE:

JANUARY 6, 1988



Federal Emergency Management Agency



This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/nifm/firm.

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * 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 ISSUED: June 21, 2004

ENHANCED 9-1-1 ADDRESS:

12365 SE COUNTY ROAD 245 (LULU, FL 32061)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 157

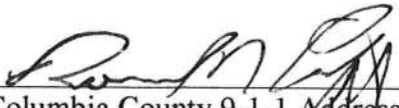
PROPERTY APPRAISER PARCEL NUMBER: 25-5S-17-09377-003

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks:

Address Issued By: _____


Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

COLUMBIA COUNTY, FLORIDA
LAND DEVELOPMENT REGULATION ADMINISTRATOR
SPECIAL FAMILY LOT PERMIT APPLICATION

A special family lot permit may be issued by the Land Development Regulation Administrator on land zoned Agricultural or Environmentally Sensitive Area within these land development regulations, for the purpose of conveying a lot or parcel to an individual who is the parent, grandparent, sibling, child or adopted child or grandchild of the person who conveyed the parcel to said individual, not to exceed two (2) dwelling units per one (1) acre and the lot complies with all other conditions from permitting development as set forth in these land development regulations. This provision is intended to promote the perpetuation of the family homestead in rural areas by making it possible for family members to reside on lots, which exceed maximum density for such areas, provided that the lot complies with the following conditions for permitting:

1. The division of lots shall be by recorded separate deed and meet all other applicable land development regulations; and
2. The lot split or subdivision is for the establishment of a homestead of that relative and the lot so conveyed is at least one-half (1/2) acre in size and the remaining lot is at least one-half (1/2) acre in size; and
3. The family lot permit shall only be issued once for each relative of the parent tract owner. However, for purposes of this provision, if a lot is permitted under this provision to a daughter, for example, and was to be returned to the ownership of the owner of the parent tract, then the original use of this provision to provide the lot to the daughter shall not be counted as one of the one permitted per relative.
4. The lot complies with all other conditions for permitting and development as set forth in these land development regulations.

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1. Name of Recipient Relative (Applicant) MORRIS LAMAR MARKHAM
Address 1612 S.W. CARL WILSON Rd. City Ft. White Fl. Zip Code 32038
Phone (386) 755-1195
 2. Name of Title Holder(s) BESSIE G. HARDEN
Address 12363 S.E. County 245 City Lula Fl. Zip Code 32061
Phone (386) 752-9594
 3. Recipient's Relationship to Title Holder GRANDSON
 4. Size of Property 3.01 ACRES
 5. Tax Parcel ID# R25-55-17-09377-003 (Attach a Copy of the Deed)

No permit will be issued unless the deed is properly recorded in the Clerk of the Courts Office.

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.

Applicants Name (Print or Type)

BESSIE G. HARDEN 6.17.04
Applicant Signature Date
Bessie G. Harden

OFFICIAL USE

Current Land Use Classification _____ Current Zoning District _____
Approved _____ Denial = Reason _____