PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK May 2013 Building Official Tim 4/25/13

AP# 1304-74 Date Received 4/25 By lw Permit # 2007/31069

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 Above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 13-0240 ☐ EH Release ☑ Well letter N/A Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☐ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH ONSITE ☐ F W Comp. letter ☐ App Fee Pd ☐ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☐ In County

Road/Code _____ School _____ = TOTAL Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 00-00-00-01309-000 Subdivision Three Rivers Unit 21 Lot 18

- New Mobile Home ✓ Used Mobile Home _____ MH Size 32x80 Year 2013
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Randy + Ashley Paul Phone# 386-397-2017
- 911 Address 1763 SW Newark Dr, Fort White, FL 32038
- Circle the correct power company - (Circle One) - FL Power & Light - **Clay Electric** - Suwannee Valley Electric - Progress Energy

- Name of Owner of Mobile Home Ashley Paul Phone # 386-397-2017
  Address 443 NW Lonnie Lane White Springs FL 32096
- Relationship to Property Owner same
- Current Number of Dwellings on Property 0
- Lot Size 100' x 400' Total Acreage .91
- Do you : Have **Existing Drive** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home No
- Driving Directions to the Property Hwy 47 South to Wilson Springs Rd turn (R) to Newark turn (R) to lot on (R) past Copperhead
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-6
- Installers Address 1004 SW Charles Terrace Lake City
- License Number IH1025145 Installation Decal # _____

Ok TW spoke w/ Wendy 5.1.13. W

PERMIT NUMBER

Installer RONNIE D. NORRIS License # IH/1025145/1

Address of home being installed 90 Newark Drive Ft White FL 32038

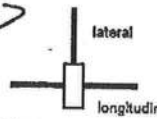
Manufacturer LIVE OAK Length x width 80 x 32

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

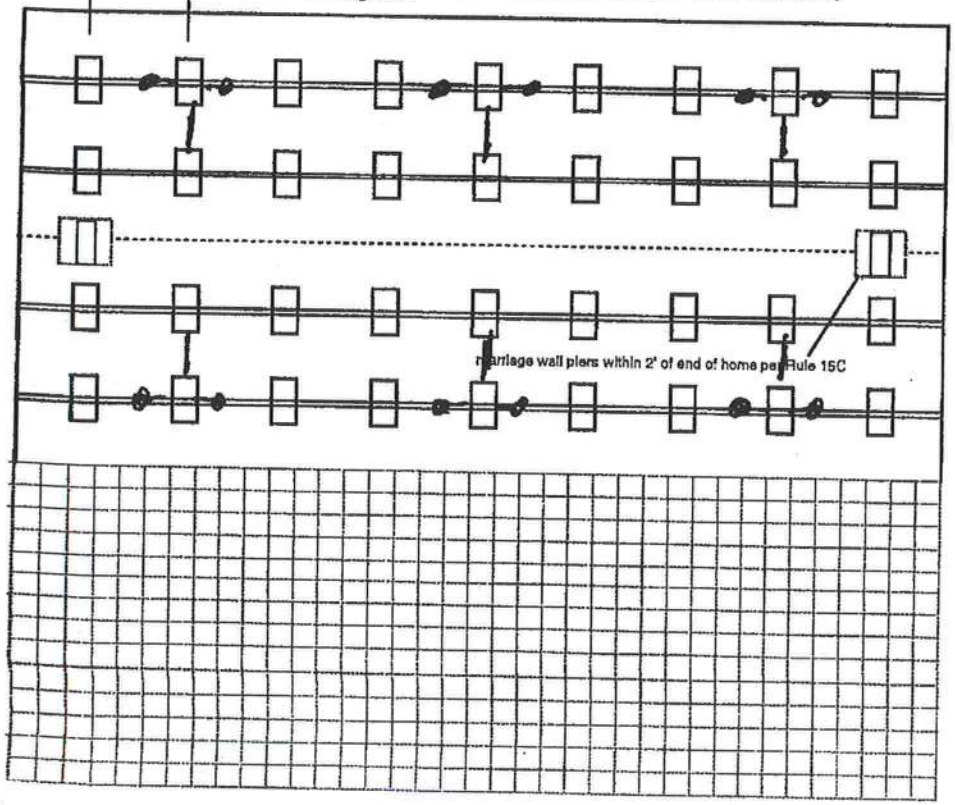
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials RW

Typical pier spacing 2' 6'



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 # 15653

Triple/Quad ☐ Serial # 12825 A/B

Roof System: ✓ **Typical** _____ **Hinged**

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'	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 17 X 25

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16 X 16

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
8	17 X 25
4	16 X 16
4	16 X 4

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

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 25.3446	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft (4) 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc _____

OTHER TIES

	Number
Sidewall	2
Longitudinal	8
Marriage wall	8
Shearwall	2

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1500 x 1500 x 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 275 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 4-15-013.

Electrical

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

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: Lag	Length: 6	Spacing: 24
Walls:	Type Fastener: Scl	Length: 4	Spacing: 48
Roof:	Type Fastener: Scl	Length: 6	Spacing: 6'

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, meldew 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 _____
Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes ✓

Weatherproofing

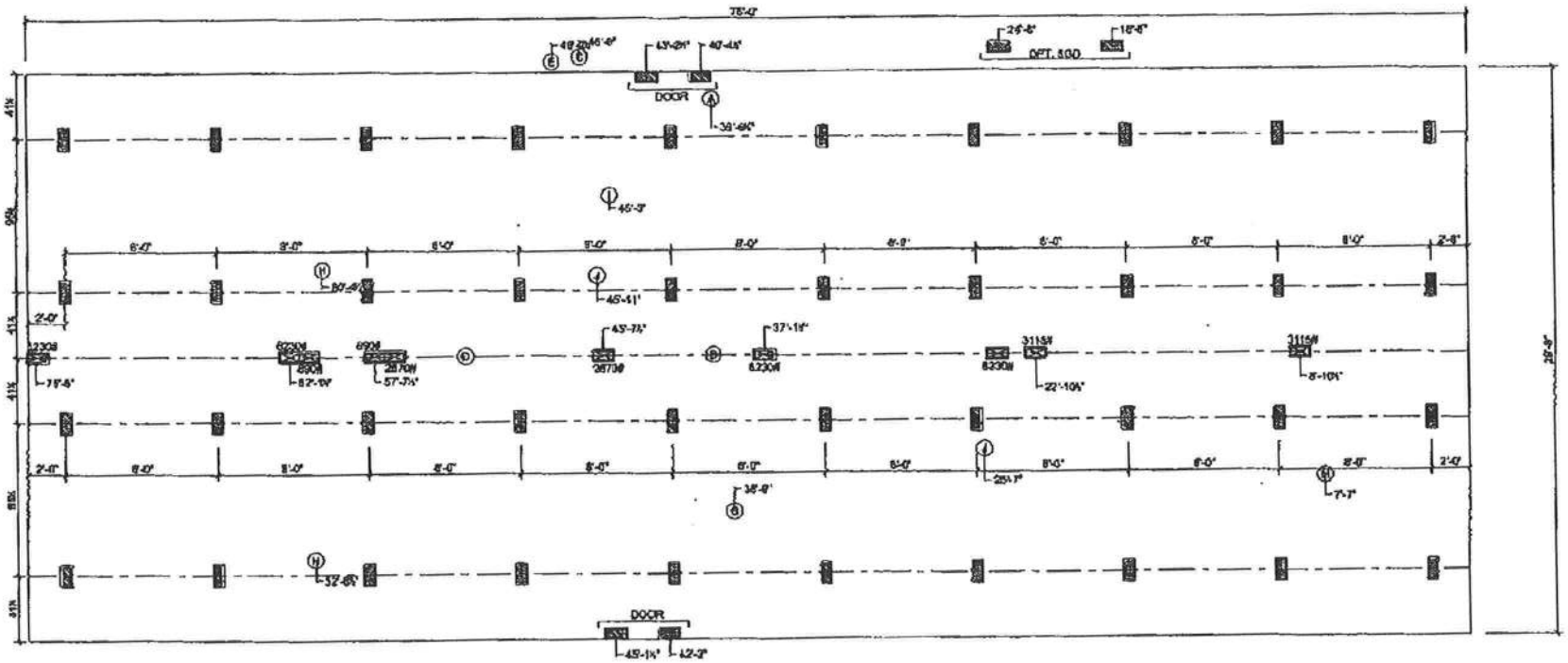
The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

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

Installer Signature _____ Date 4-15-013.



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP

2/18/03

FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: S-3764C - 32 X 80
4-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OR DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OR DUCT)

S-3764C

Previous Owner - See Deed

LOTS 17 & 18, UNIT 21
THREE RIVERS ESTATES.
ORB 493-151,881-1259,924-366
(JTWRS),WD 1059-2356,QC 1091-

FORD LISA B
494 SW DORTCH ST
FT WHITE, FL 32038

00-00-00-01309-000

Columbia County 2013 R
CARD 001 of 001
BY JEFF

PRINTED 3/15/2013 14:21
APPR 4/24/2007 DFDB

BUSE		AE?	HTD AREA	.000	INDEX	100000.21	THREE RIV
MOD		BATH	EFF AREA	30.134	E-RATE	.000	INDX
EXW		FIXT	RCN				AYB
%		BDRM	%GOOD		BLDG VAL		EYB
RSTR		RMS					
RCVR		UNTS					
%		C-W%					
INTW		HGHT					
%		PMTR					
FLOR		STYS					
%		ECON					
HTTP		FUNC					
A/C		SPCD					
QUAL		DEPR					
FNDN		UD-1					
SIZE		UD-2					
CEIL		UD-3					
ARCH		UD-4					
FRME		UD-5					
KTCH		UD-6					
WNDO		UD-7					
CLAS		UD-8					
OCC		UD-9					
COND		%					

SUB A-AREA % E-AREA SUB VALUE

FIELD CK:
LOC: 415 COPPERHEAD LN SW

PUSE 000000 VACANT
STR 25- 6S- 15
MKT AREA 02
(PUD1
AC 1.836
NTCD
APPR CD
CNDO
SUBD
BLK
LOT
MAP#
TXDT 003

0	BLDG
0	XFOB
11,520	LAND
0	CLAS
0	MKTUSE
11,520	JUST
11,520	APPR
0	SOHD
0	ASSD
0	EXPT
0	COTXBL

BLDG TRAVERSE

PERMITS

NUMBER	DESC	AMT	ISSUED
18624	M H	125	8/16/2001

SALE

BOOK	PAGE	DATE		PRICE
1194	949	5/06/2010	Q V	12000
GRANTOR CARLOS CLAVELL				
GRANTEE LISA B FORD				
1191	1952	3/13/2010	U V	100
GRANTOR A&I LAND CORP & GIT PROPERTIES & I				
GRANTEE CARLOS CLAVELL				

TOTAL

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	FIELD CK: ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD	%	%GOOD	XFOB VALUE

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	BACK	DEPTH	DT	FIELD CK: ADJUSTMENTS				UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000000	VAC RES	A-1	0001	0008	0003						200		400	1.00	1.00	.80	.90	2.000	LT	8000.000	5760.00	11,520

12,000.00
84.00

This Instrument Prepared by & return to:
Name: *TRISH LANG, an employee of NORTH CENTRAL FLORIDA TITLE, LLC*
Address: *343 NW COLE TERRACE, SUITE 101 LAKE CITY, FLORIDA 32055*
File No. 12Y-11027TL

Inst:201312006066 Date:4/19/2013 Time:3:15 PM
Doc Stamp-Deed:84.00
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1253 P:856

Parcel I.D. #: ***01309-000***

SPACE ABOVE THIS LINE FOR PROCESSING DATA *SPACE ABOVE THIS LINE FOR RECORDING DATA*

THIS WARRANTY DEED *Made the* ***9th*** *day of April, A.D. 2013, by* ***LISA B. FORD, A MARRIED PERSON, CONVEYING NON-HOMESTEAD PROPERTY,*** *, hereinafter called the grantor, to* ***ASHLEY F. PAUL*** *and* ***RANDY M. PAUL, HER HUSBAND,*** *whose post office address is* ***415 NEWARK DRIVE, FORT WHITE, FLORIDA 32038,*** *hereinafter called the grantees:*

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: *That the grantor, for and in consideration of the sum of $10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in* ***Columbia County, State of Florida,*** *viz:*

Lot 18, Unit 21, Three Rivers Estates, according to the plat thereof, recorded in Plat Book 6, Page 15, of the Public Records of Columbia County, Florida.

Together *with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.*

To Have and to Hold *the same in fee simple forever.*

And *the grantor hereby covenants with said grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to 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, 2013.*

In Witness Whereof, *the said grantor has signed and sealed these presents, the day and year first above written.*

Signed, sealed and delivered in the presence of:

Witness Signature
PATRICIA LANG
Printed Name

Witness Signature
Tyler Rogers
Printed Name

Lisa B. Ford L.S.
LISA B. FORD
Address:
P.O. BOX 39, FORT WHITE, FL 32038

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this ***9th*** *day of* ***April, 2013,*** *by* ***LISA B. FORD,*** *who is known to me or who has produced* ***Driver's License*** *as identification.*

Notary Public
My commission expires 12-14-14

PATRICIA H. LANG
Commission # EE 046083
Expires December 14, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

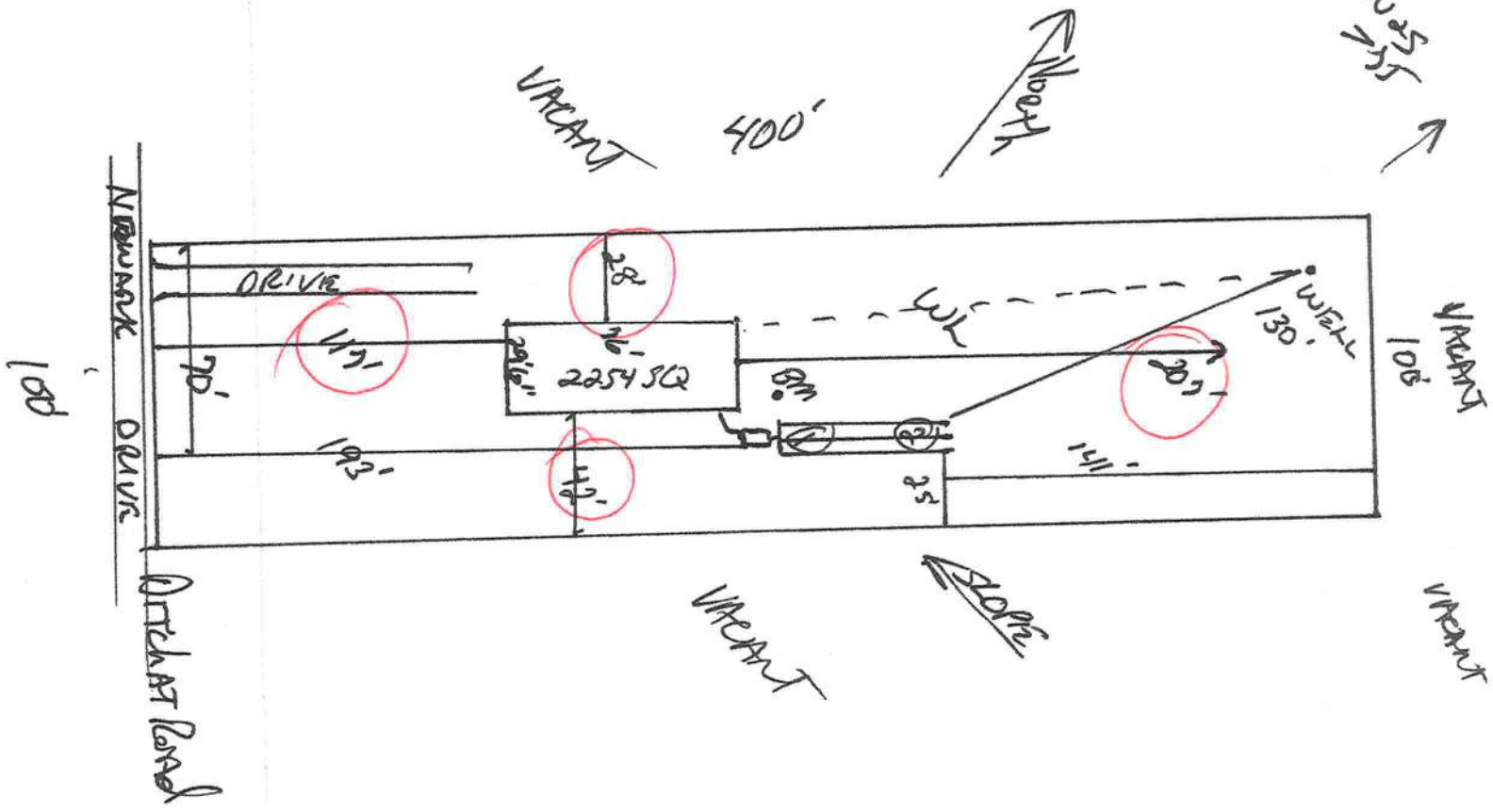
Permit Application Number_____

Plan!

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

60'

Scale: 1 inch = ~~40~~ feet.



Notes: _____

Site Plan submitted by: Rocky D 7-9

MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

A&B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL 32055
Telephone: (386) 758-3409
Cell: (386) 623-3151
Fax: (386) 758-3410
Owner: Bruce Park

April 22, 2013

To: Columbia County Building Department

Description of Well to be installed for Customer Ashley Paul

Located @ Address: 340 Newark Drive

1 HP 15 GPM submersible pump, 1 ¼" drop pipe, 86 gallon captive tank, and backflow prevention. With SRWMD permit.

Bruce N Park

Sincerely,
Bruce N. Park
President

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

> Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I, RONNIE D. NORRIS (Please Print), license number IH/1025145/1 do hereby state that the installation of the manufactured home for Ashley Pearl (Applicant) at SW Newark (911 Address) will be done under my supervision.

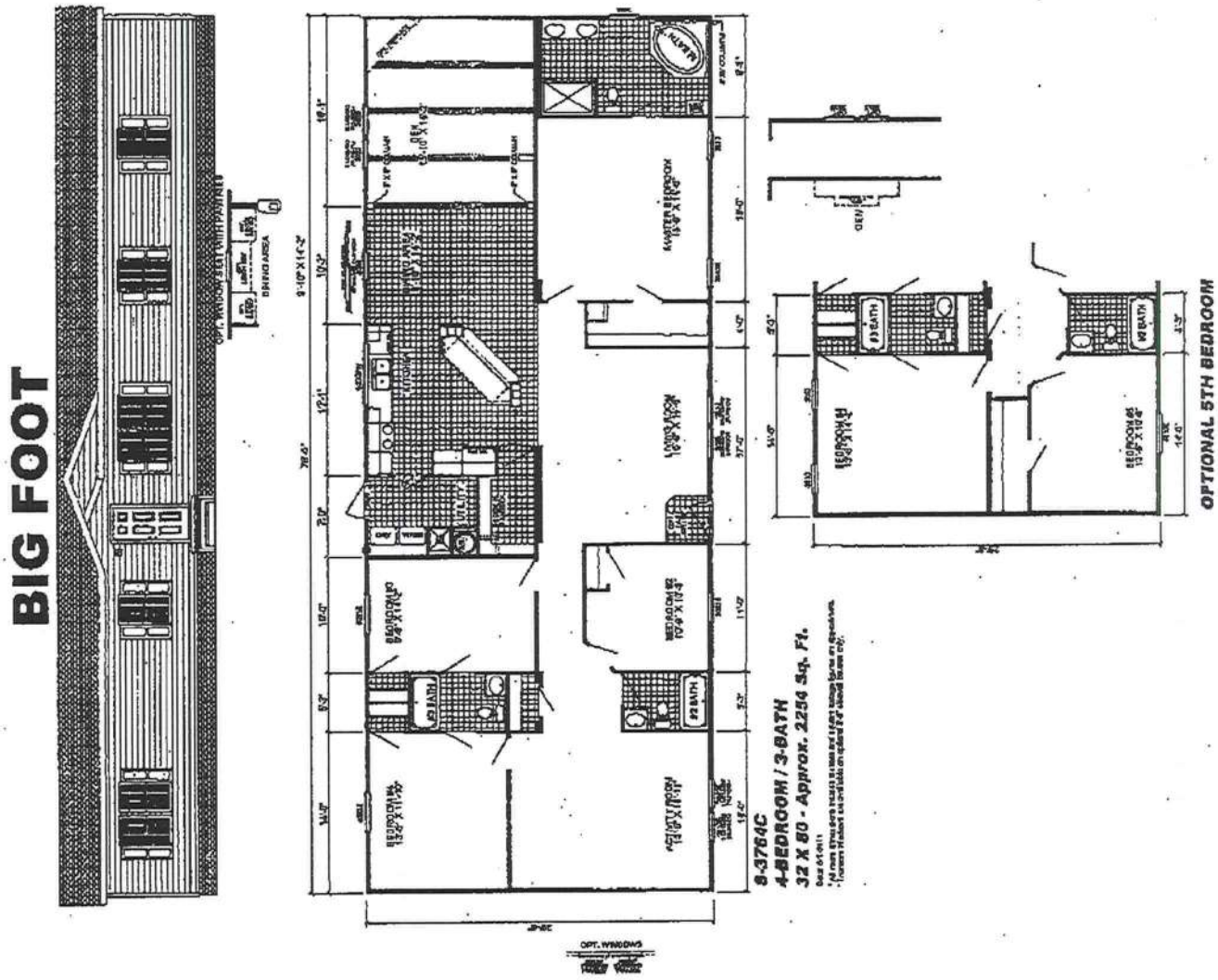
Signature

Sworn to and subscribed before me this 18 day of April, 2013.

Notary Public: Shirley M Bennett (Signature)

My Commission Expires: 9-10-16 (Date)

SHIRLEY M. BENNETT
Notary Public - State of Florida
My Comm. Expires Sep 10, 2016
Commission # EE 833846
Bonded Through National Notary Assn.


BIG FOOT
OPTIONAL 5TH BEDROOM
S-3764C
4-BEDROOM / 3-BATH
32 X 80 - Approx. 2256 Sq. Ft.

RECEIVED 01/11/2013 07:44

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-74 CONTRACTOR Ronnie Norris PHONE 623-7716

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 1074	Print Name Glenn Whittington License #: EC13002957	Signature Glenn Whittington Phone #: 386-972-1700
MECHANICAL/ A/C 701	Print Name Robert Grant License #: CAC1814931	Signature Robert Grant Phone #: 800-859-3708
PLUMBING/ GAS	Print Name RONNIE NORRIS License #: IH/1025145/1	Signature Phone #: 386-623-7716

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			

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.

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: 4/25/2013 **DATE ISSUED:** 4/26/2013

ENHANCED 9-1-1 ADDRESS:

1763 SW NEWARK DR

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-01309-000

Remarks:

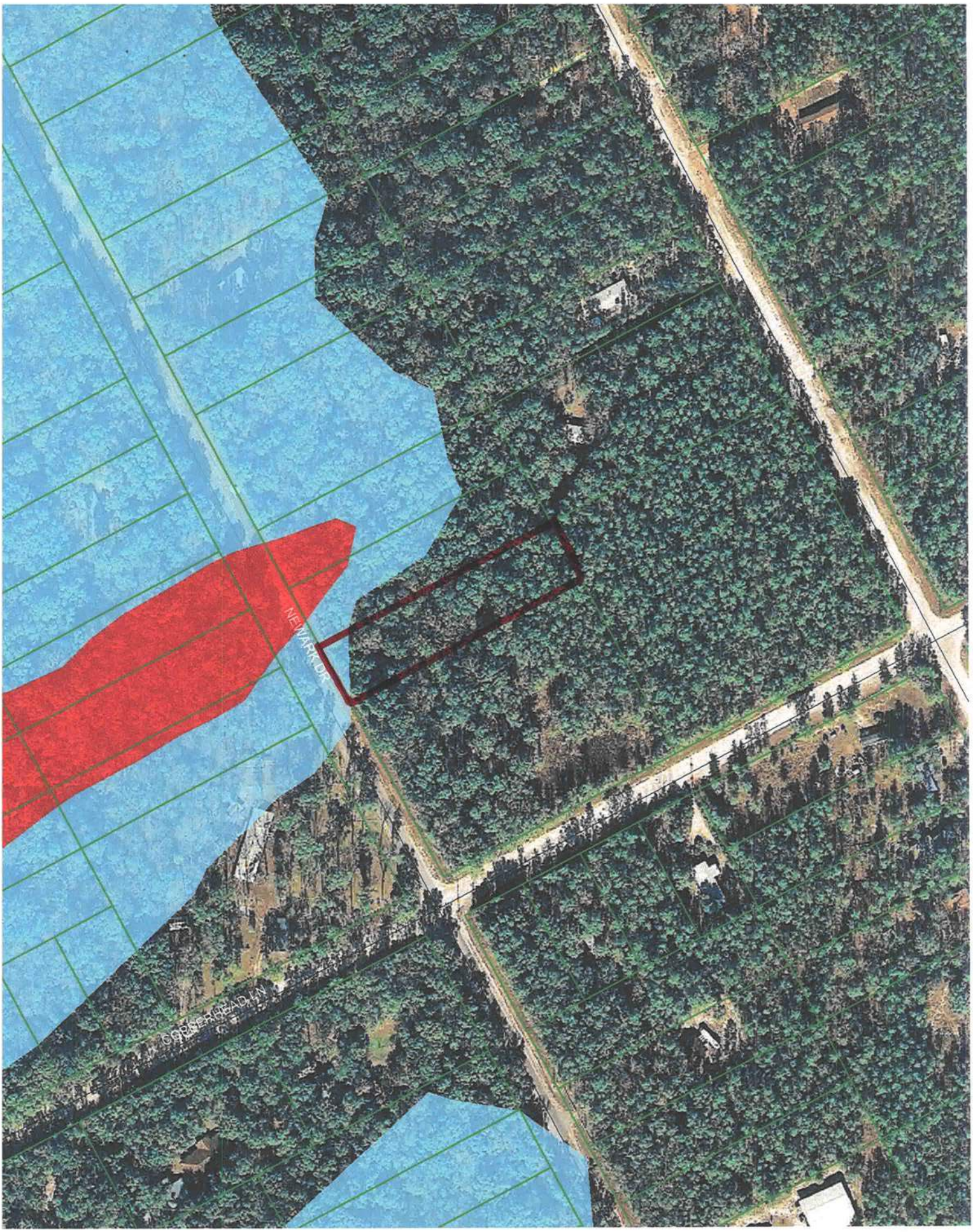
ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED:/ RONAL N. CROFT

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.

2528



1304-74

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

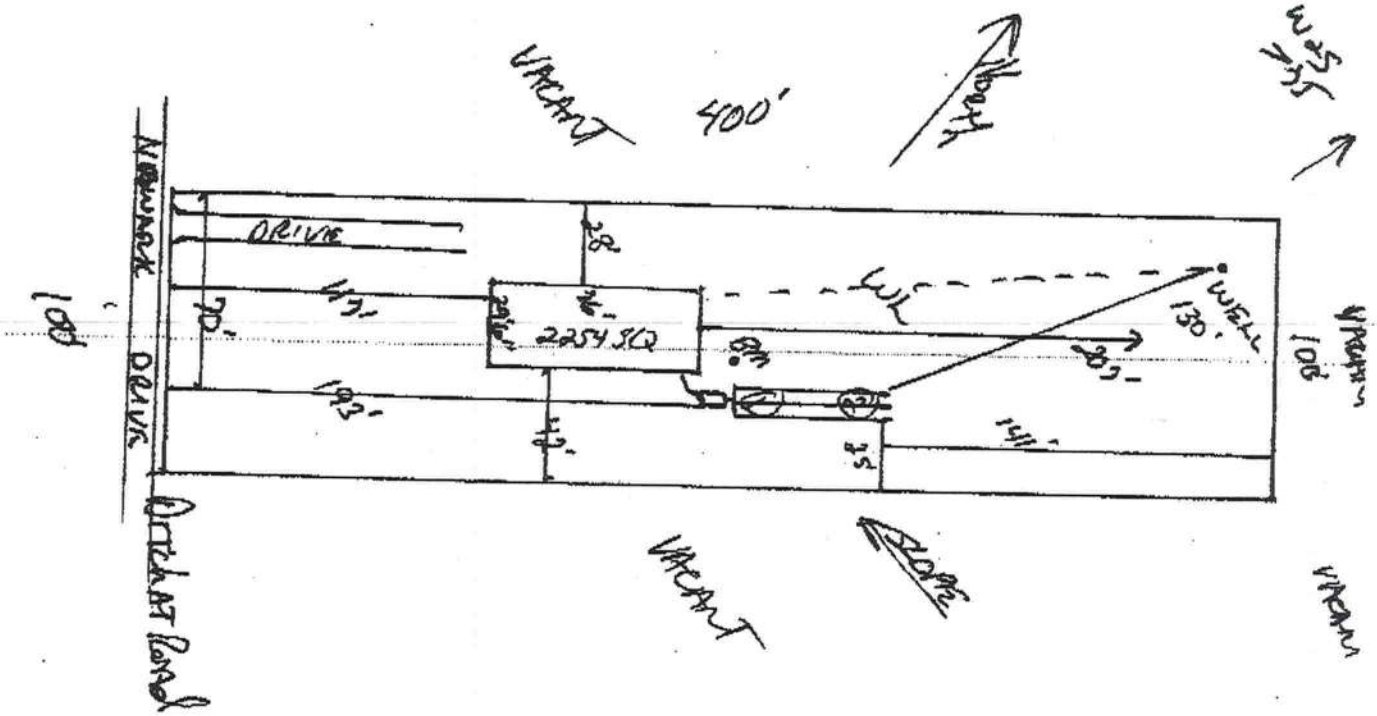
Permit Application Number 13-0240

Part I

60'

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ feet.



Notes: _____

Site Plan submitted by: Wendy Stengell 5/2/13

MASTER CONTRACTOR

Plan Approved ✓ Not Approved ___ Date 5/3/13

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-8)

App 1304-74

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

PERMIT NO. 13-0340
DATE PAID: 4/23/13
FEE PAID: $100
RECEIPT #: 1055825

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Randy & Ashley Paul

AGENT: ROCKY FORD, A & B CONSTRUCTION Wendy Grennell TELEPHONE: 386-288-2428 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 18 BLOCK: na SUB: Three Rivers Estates unit 21 PLATTED: 1964

PROPERTY ID #: 00-00-00-01309-000 ZONING: RES- I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: .91 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: ____ FT

PROPERTY ADDRESS: SW Newark Drive, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TR on Wilson Springs Road, TR on Newark, Driveway is 400' past Copperhead on right

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	4	2254	
2				
3				

[V] Floor/Equipment Drains [N] Other (Specify) _____

SIGNATURE: Rocky D Ford Wendy Grennell DATE: 4/19/2013

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 25-6S-15-01309-018 **Building permit No.** 000031004

Permit Holder RONNIE NORRIS

Owner of Building RANDY & ASHLEY PAUL

Location: 1763 SW NEWARK DRIVE, FT. WHITE, FL 32038

Date: 05/20/2013

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Columbia County Building Department
Culvert Permit

Attn: Connie

Culvert Permit No.
000002007
31004

DATE 05/03/2013 PARCEL ID # 25-6S-15-01309-000

APPLICANT WENDY GRENNELL PHONE 386.288.2428

ADDRESS 3104 SW OL WIRE ROAD FT. WHITE FL 32038

OWNER RANDY & ASHLEY PAUL PHONE 386.397.2017

ADDRESS 1763 SW NEWARK DRIVE FT.WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 386.623.7716

LOCATION OF PROPERTY 47-S TO WILSON SPRINGS,TR TO NEWARK,TR AND THE LOT IS 400' ON R PAST COPPERHEAD.

SUBDIVISION/LOT/BLOCK/PHASE/UNIT 3 RIVERS ESTATES 21 18

INSTALLATION INFORMATION SIGNATURE Wendy Grennell

(A) A culvert shall be required to be installed as part of any newly constructed private driveway or road, or public road, which connects to a county road in Columbia County. Culvert installation for residential use shall require a permit issued by the Building and Zoning Department. Prior to any culvert permit being issued, an inspection by the Public Works Department shall be required to determine the proper size, length, and location for installation. Culvert installation for commercial, industrial, and other uses shall conform to the approved site plan or to the specifications of a registered engineer. Joint use culverts will comply with Florida Department of Transportation specifications.

(B) The culvert shall comply and be installed in accordance with Columbia County Land Development Regulation, Access Control: Section 4.2.3 standards. Proper installation of the culvert shall be verified by a final inspection performed by the Public Works Department.

(C) All culverts required by this policy shall be installed prior to the Building Department granting permission to connect permanent electrical service to the facility or facilities being serviced by newly constructed private driveway or road. In cases where no electrical service exists, installation shall be completed prior to final inspection approval.

(D) Mitered-end culverts shall be used in the following applications:
(1) When the culvert is to be placed giving access to a paved street.; (2) When the road is contained within a subdivision (recorded or unrecorded) that has not reached a "build out" of fifty percent (50%) or more.; (3) In all new subdivisions for residential use. New subdivisions shall be required as part of the final plat to specify culvert diameter and length.; (4) When the predominant use already established by the use of mitered-end culverts period.

☐ Culvert installation shall conform to the approved site plan standards.

☐ Department of Transportation Permit installation approved standards.

☒ Shall conform to Public Works Determinations as Stated Below:
18" dia. x 32' length corrugated metal pipe w/ poured concrete mitered end sections

P W Inspectors Name: Corey McCoy Date: 5/8/13

Final Inspection Date: 5-20-13 P W Inspectors Name: James Durrence Signature: James D

CONTACT FOR REQUIREMENTS AND INSPECTIONS:
PUBLIC WORKS DEPARTMENT
Phone: 386-758-1019

Amount Paid 25.00
Check No. CASH REC'D.

All Proper Safety Requirements Should Be Followed During The Installation Of The Culvert