

DATE 08/26/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000029652

APPLICANT JEFF HARDEE PHONE 352-949-0592
ADDRESS 6450 NW 72 LN CHIEFLAND FL 32626
OWNER JERRY REYNOLDS PHONE 352-226-5366
ADDRESS 3539 SW COUNTY ROAD 18 FORT WHITE FL 32038
CONTRACTOR RUSTY KNOWLES PHONE 397-0886
LOCATION OF PROPERTY 41 S, R CR 18, 2ND DRIVE ON RIGHT PAST COOPER TERR

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
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 36-6S-16-04081-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 12.00

IH1038219
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0363 BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

5 ACRES DESIGNATED FOR THIS MH

Check # or Cash 3088

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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 12.84 WASTE FEE \$ 33.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 421.34
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.

W.C. FLAB 878
BRANSON 879

~~200 updates~~
~~RECEIVED~~

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 22 Aug 2011 Building Official NO 8-17-11
AP# 1108-30 Date Received 8-16-11 By LH Permit # 29652
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments 5 Acres Designated for this MH, meets density requirements for zoning
FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 11-0363 ☐ EH Release ☒ Well letter ☐ Existing well
☒ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☒ State Road Access ☐ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☒ F W Comp. letter ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 36-6-16-04081-000 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x60 Year 2009
- Applicant Jeff Harder Phone # 352-949-0592
- Address 6450 NW 72 Ln Chickland FL 32626
- Name of Property Owner Jerry Reynolds Phone# 352-226-5366
- 911 Address 3539 NW CR 18 Ft White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Jerry Reynolds Phone # 352-226-5366
Address 3541 SW CR 18 Ft White FL 32038
- Relationship to Property Owner owner
- Current Number of Dwellings on Property 1
- Lot Size 5.00 acre Total Acreage 12 AC
- 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
- Driving Directions to the Property 41 South 71R CR 18 71R on to
property existing Home address 3541 SW CR 18
2nd Dr on R after Cooper Terr.
- Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
- Installers Address 5801 SW 47 Lake City FL 32024
 - License Number TH1038219 Installation Decal # 7121

spoke to Jeff 8-22-11
UH

alc#
3088

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 Rusty L. Knowles License # TH-1038219

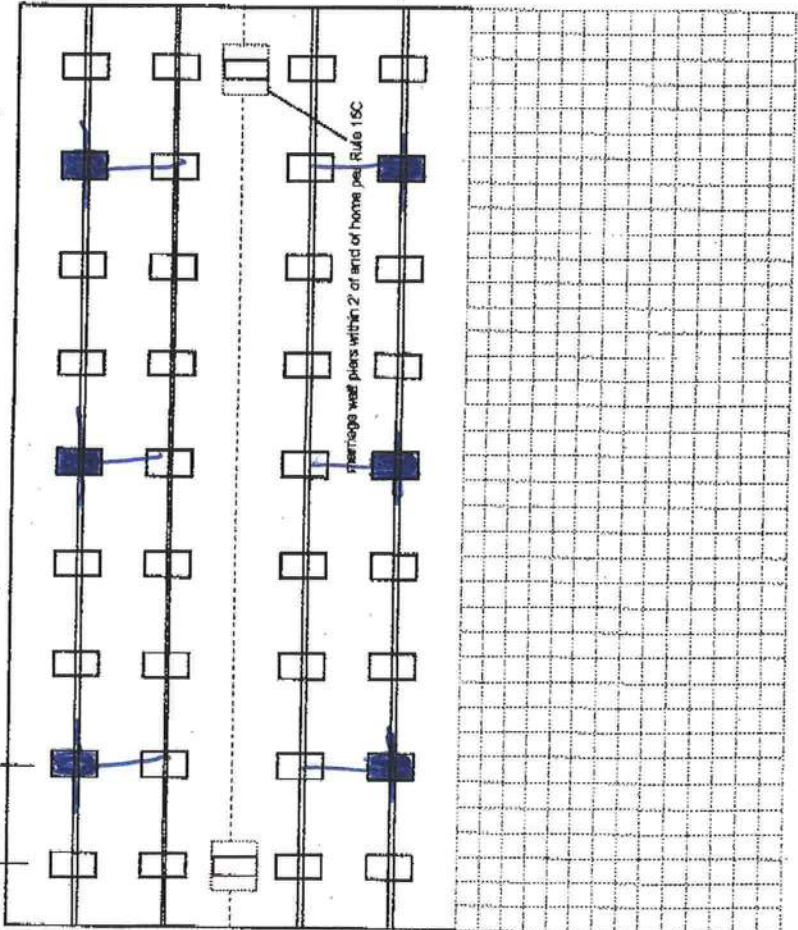
911 Address where home is being installed. _____

Manufacturer Scotbilt Length x width 28 x 60 Box

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 RK



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 # 7121

Triple/Quad ☐ Serial # 4017

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq ft)	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'	5'	6'	7'	8'	9'	10'
2000 psf	5'	6'	7'	8'	9'	10'	11'
2500 psf	6'	7'	8'	9'	10'	11'	12'
3000 psf	7'	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'	14'

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

PIER PAD SIZES

I-beam pier pad size 24x24

Perimeter pier pad size 12A

Other pier pad sizes (required by the mfg.) 16x16

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 20'

Pier pad size 20x20

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 _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Oliver Tech

OTHER TIES

Number 24

Sidewall 24

Longitudinal 6

Marriage wall 24

Shearwall 24

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1.0 X 1.0 X 1.0

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 1.0 X 1.0 X 1.0

TORQUE PROBE TEST

The results of the torque probe test is NA using 110 lb system
here if you are declaring 5' anchors without testing _____ A test
showing 275 inch pounds or less will require 5 foot anchors.

Note: A slate 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.

PK installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rusty L. Knoles

Date Tested

8-15-11

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: Lags Length: 6" Spacing: 18"
Walls: Type Fastener: Studs Length: 4" Spacing: 24"
Roof: Type Fastener: Studs Length: 4" Spacing: 48"
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 PK

Type gasket Roll form

Pg. 15C-1

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1
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: 15C-1 May 01 May not have pgs # in setup

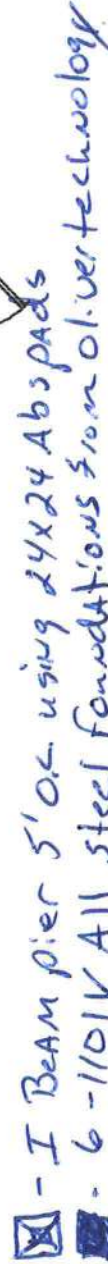
Installer verifies all information given with this permit worksheet
is accurate and true based on the

Installer Signature

Rusty L. Knoles

Date 8-15-11

INTENDED FOR USE WITH 1000 PSF SOIL PRESSURE



PIER	PIER LOAD (LBS)	REQ. FOOTING AREA (SQ. IN.)
A	975	205 <u>16 x 16</u>
B	975	205 <u>16 x 16</u>
C	975	205 <u>16 x 16</u>
D	1950	360 <u>20 x 20</u>
E	780	174 <u>16 x 16</u>
F	975	205 <u>16 x 16</u>

ScotBilt

HOMES, INC.

NOTES:
SQUARE FOOTAGE:
TOTAL = 1560
LIVING SPACE = 1560
PORCH = N/A

DATE: 02/04/2009

REvised: N/A

UNIT SPECIFICATIONS:

CHALLENGER
28' X 64'
3BEDROOM/2BATH

DRAWING/MODEL NUMBER:

286073CHA

41
This Instrument Prepared by & return to:
Name: **JERRY W. REYNOLDS**
Address: **3541 SW CR 18**
FORT WHITE, FL 32038

Inst: 201012020326 Date: 12/22/2010 Time: 9:44 AM
Doc Stamp: Deed 0.70
DC, P. DeWitt Cason, Columbia County Page 1 of 2 B.1206 P.2479

Parcel I.D. #: **04081-000**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 22nd day of December, A.D. 2010, by

JERRY W. REYNOLDS, A SINGLE PERSON and

LAMMY SHIRLEY SIBERT, f/k/a SHIRLEY SIBERT REYNOLDS, A SINGLE PERSON,

hereinafter called the grantors, to

JERRY W. REYNOLDS, single, whose address is 3541 SW CR 18, FORT WHITE, FL 32038,

hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" 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 grantee all that certain land situate in **Columbia County, State of Florida**, viz:

COMMENCE AT THE NORTHEAST CORNER OF SECTION 36, TOWNSHIP 6 SOUTH, RANGE 16 EAST, AND RUN N 89°30'03" W, ALONG THE NORTH LINE OF THE NE ¼ OF SAID SECTION 36, A DISTANCE OF 331.71 FEET TO THE POINT OF BEGINNING; THENCE S 01°07'14" W, 452.37 FEET; THENCE S 89°28'23" E, 16.64 FEET; THENCE S 01°07'45" W, 210.00 FEET; THENCE N 89°28'23" W, 16.61 FEET; THENCE S 01°07'14" W, 452.37 FEET; THENCE N 89°26'44" W, 88.46 FEET; THENCE S 01°07'45" W, 210.00 FEET; THENCE N 89°26'44" W, 208.51 FEET; THENCE S 01°07'14" W, 662.22 FEET; THENCE S 89°24'59" E, 297.00 FEET; THENCE S 01°07'14" W, 171.93 FEET TO A POINT ON A CURVE, SAID POINT BEING ALSO ON THE NORTH RIGHT-OF-WAY LINE OF STATE ROAD NO. 18; THENCE SOUTHWESTERLY ALONG SAID NORTH RIGHT-OF-WAY LINE ON A CURVE TO THE RIGHT HAVING A RADIUS OF 3769.83 FEET AND AN INCLUDED ANGLE OF 05°19'53" FOR AN ARC DISTANCE OF 350.78 FEET; THENCE N 01°06'43" E, 2265.05 FEET TO SAID NORTH LINE OF THE NE ¼; THENCE S 89°30'03" E, ALONG SAID NORTH LINE, 331.72 FEET TO THE POINT OF BEGINNING. ALL LYING AND BEING IN COLUMBIA COUNTY, FLORIDA.

LESS AND EXCEPT THE FOLLOWING:

COMMENCE AT THE NORTHEAST CORNER OF SECTION 36, TOWNSHIP 6 SOUTH, RANGE 16 EAST, AND RUN N 89°30'03" W, ALONG THE NORTH LINE OF THE NE ¼ OF SAID SECTION 36, A DISTANCE OF 331.71 FEET; THENCE S 01°07'14" W, 452.37 FEET; THENCE S 89°28'23" E, 16.64 FEET; THENCE S 01°07'45" W, 210.00 FEET; THENCE N 89°28'23" W, 16.61 FEET; THENCE S 01°07'14" W, 452.37 FEET; THENCE N 89°26'44" W, 88.46 FEET TO THE POINT OF BEGINNING; THENCE S 01°07'45" W, 210.00 FEET; THENCE N 89°26'44" W, 35.61 FEET; THENCE N 01°07'45" E, 210.00 FEET; THENCE S 89°26'44" E, 35.61 FEET TO THE POINT OF BEGINNING.

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 grantee that he is lawfully seized of said land in fee simple; that he 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, 2010.

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:

Regina Simpkins
Witness Signature **Regina Simpkins**

Printed Name

Patricia Lang
Witness Signature **PATRICIA LANG**

Printed Name

Jerry W. Reynolds L.S.

JERRY W. REYNOLDS
Address: 3541 SW CR 18
FORT WHITE, FL 32038

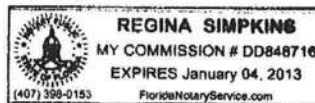
Lammy Shirley Sibert L.S.

LAMMY SHIRLEY SIBERT
Address: 9130 SE 66TH CIRCLE
TRENTON, FL 32693

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 22nd day of December, 2010, by
JERRY W. REYNOLDS AND LAMMY SHIRLEY SIBERT, who are known to me or who have produced
Driver's License as identification.

Regina Simpkins
Notary Public **Regina Simpkins**
My commission expires _____



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: 8/22/2011 DATE ISSUED: 8/25/2011

ENHANCED 9-1-1 ADDRESS:

3539 SW COUNTY ROAD 18

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

36-6S-16-04081-000

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCE. 2ND
LOCATION 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.**

FIRST CLASS

HOMES

DATE OF BIRTH:

BUYER:

CO/BUYER:

6850 NW 137th St.
Chiefland, FL 32626
352-490-7111

DRIVER'S LICENSE

BUYER:

CO/BUYER

In this contract the words, I, ME, and MY refer to the Buyer and Co-Buyer signing this contract. The words YOU and YOUR refer to the Dealer. Subject to the terms and conditions on both sides of this agreement you agree to sell and I agree to purchase the following described unit.

BUYER(S) <u>Myrtle I. Coleman or Jerry W. Reynolds</u>		PHONE <u>352-226-5366</u>		DATE <u>8/10/11</u>	
ADDRESS <u>3541 SW County Rd. 618, Ft. White, FL 32038</u>		SALESPERSON <u>Rich</u>			
DELIVERY ADDRESS					
MAKE & MODEL <u>Scotbilt Challenger</u>		YEAR <u>2009</u>	BD ROOMS <u>3</u>	FLOOR SIZE <u>28 60</u>	HITCH SIZE <u>28 64</u>
SERIAL NUMBER <u>SBHG1160904017 AB</u>		COLOR <u>Gray</u>		PROPOSED DELIVERY DATE <u>ASAP</u>	
STOCK NUMBER <u>8</u>		KEY NUMBERS			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING	<u>28</u>	<u>7.6"</u>	<u>Blown</u>	<u>\$59,950 00</u>	
EXTERIOR	<u>11</u>	<u>3.0"</u>	<u>Batted F/G</u>	OPTIONAL EQUIPMENT	
FLOORS	<u>11</u>	<u>3.0"</u>	<u>Blown</u>	SUB-TOTAL <u>\$59,950 00</u>	
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16.				SALES TAX <u>3,647 00</u>	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				NON-TAXABLE ITEMS + Title Fee <u>300 00</u>	
Delivered & Set-up (up to three (3) blocks high) <u>\$ INC.</u>				VARIOUS FEES AND INSURANCE	
Tied down <u>INC</u>				<u>* Property Improvements</u> <u>8,900 00</u>	
Customer responsible for hookup of sewer, water, gas and electric <u>NO INC</u>				1. CASH PURCHASE PRICE <u>\$12,797 00</u>	
Furnished <u>NO</u>				TRADE-IN ALLOWANCE \$	
Unfurnished <u>YES</u>				LESS BAL DUE ON ABOVE \$	
				NET ALLOWANCE \$	
				CASH DOWN PAYMENT <u>\$2,000 00</u>	
				CASH AS AGREED SEE REMARKS \$	
Customer responsible for any dozer or wrecker fees incurred on lot <u>NO INC</u>				2. LESS TOTAL CREDITS <u>\$ 2,000 00</u>	
				SUB-TOTAL <u>\$70,797 00</u>	
Wheels & axles deleted from sale price of home. Will lend for a local move. <u>AGREED</u>				SALES TAX (If Not Included Above)	
				3. Unpaid Balance of Cash Sale Price <u>\$70,797 00</u>	
Customer responsible for releveing of home after initial setup. Cannot be responsible for settling of land. <u>NA</u>				Remarks:	
1 Yr. Warranty On Setup (Excludes Sinkholes) <u>INC.</u>				<u>\$65,000 Due @ Setup</u>	
Options include extra: (List)				<u>\$ 5,797 Due When C.O. Issued By County</u>	
<u>A/C, 3 Steps, Lap Skirting</u> <u>INC.</u>					
<u>* Well, Septic, Power Pole, + Hookup Pkg</u> <u>6,600 00</u>					
<u>Columbia Permits (Est.)</u> <u>1,300 00</u>					
<u>Dirt, Pad, + Dozier fee</u> <u>1,000 00</u>					
BALANCE CARRIED TO OPTIONAL EQUIPMENT <u>\$ -0-</u>					

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES IN THE REVERSE SIDE

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODE	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR
AMOUNT OWING TO WHOM		
ANY DEBT I OWE ON THE TRADE-IN IS TO BE PAID BY <input type="checkbox"/> YOU <input type="checkbox"/> ME		

Liquidated damages are agreed to be \$ _____ or 10% of the cash price whichever is greater

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN YOU AND ME AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. I am purchasing the above described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that my trade-in is free from all claims whatsoever, except as noted.

OR WE, ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT I, OR WE, HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

DEALER

SIGNED X

BUYER

SOCIAL SECURITY NO

SIGNED X

BUYER

SOCIAL SECURITY NO

By

Approved

Pump Repair & Well Drilling

Mary Bilbrey, State License # 2773
Jamie Storey, State License # 2664

Office (352) 542-7877
Fax (352) 542-7533

RESIDENTIAL WATER WELL BUILDING PERMIT INFORMATION

Building Permit # 1108-30 Owners Name: Jerry Reynolds

Well Depth TBD ft Casing Depth TBD ft Water Level TBD ft

PUMP INSTALLATION: Submersible XX Deep Well Jet Shallow Well Jet

Pump Make Goulds Pump Model #18LS Pump H.P. 1

System Pressure (PSI) 40 On 60 Off Average Pressure 50

Pumping System GPM at average pressure and pumping level 18 (GPM).

TANK INSTALLATION: Precharged (Bladder) XX Atmospheric (Galvanized)

Make Well Flo Model 100WF Size 81 Gallons.

Tank Draw-down per cycle at system pressure 21 Gallons.

Constant flow device installed Yes X No.

I hereby certify that this water well system has been installed as per above information.

Jamie Storey
State contractor signature

2664
State license number.

Jamie Storey
print name

08/24/2011
Date



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

PERMIT NO. 1045140
DATE PAID: 8/22/11
FEE PAID: 318.81
RECEIPT #: 1098692

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Jerry Reynolds

AGENT: Jeffrey Harder TELEPHONE: 352 949 0592

MAILING ADDRESS: 6450 NW 72 LN CHIEFLAND FL 32626

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 36-6-16-04081-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 12 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: Cr 18 Ft White

DIRECTIONS TO PROPERTY: 47 S T/L on SR 27 T/L Cr 18

Go ~ 3 miles to DW on left existing Address
is 3541 SW County Rd 18

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MH</u>	<u>3</u>	<u>1560</u>	<u>2 People</u>
2				
3				
4				

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

SIGNATURE: Jeffrey Harder DATE: 8-17-11



STATE OF FLORIDA
DEPARTMENT OF HEALTH

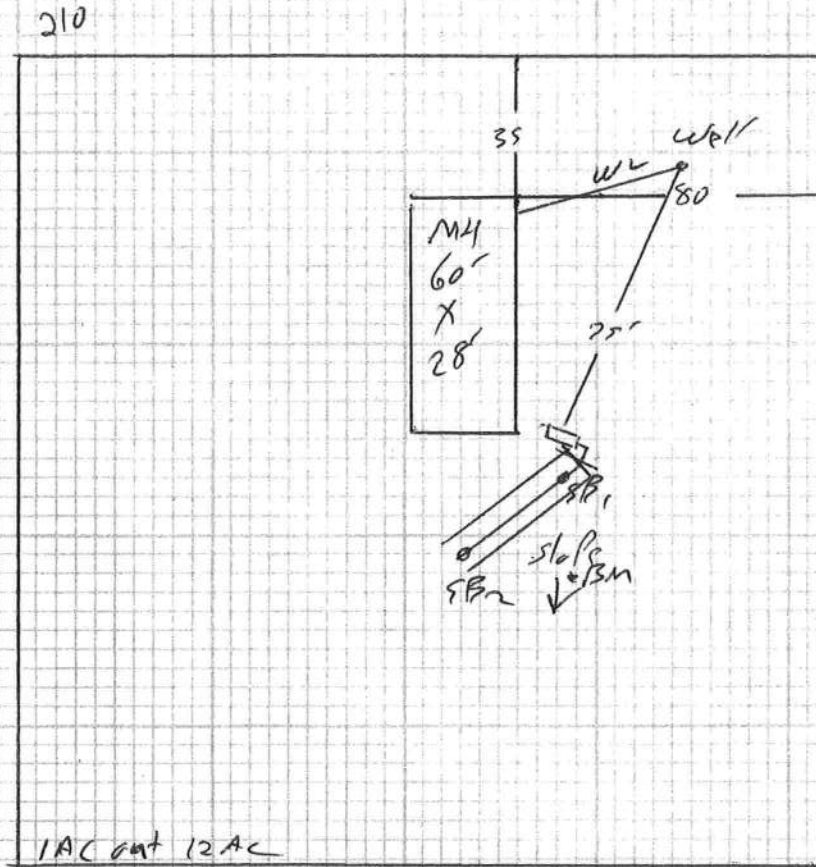
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

11-1363

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: > 75' to pertinent features from one acre
See Attached for total property & IAC location

Site Plan submitted by:

[Signature]

Signature

Title

Plan Approved

☒

Not Approved

Date

8/26/14

By

[Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR RUSTY KNOWLES PHONE _____

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Rusty L. Knowles</u> License #: <u>IH-1038219</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-6441</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors 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.

Contractor Form: Subcontractor form: 1/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1108-30

CONTRACTOR

PHONE

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 879	Print Name	Jim Branson	Signature	Jim Branson
	License #	ESD000062	Phone #:	
MECHANICAL/ A/C 878	Print Name	Jim Branson	Signature	Jim Branson
	License #	CAC035587	Phone #:	352-625-5100
PLUMBING/ GAS	Print Name		Signature	
	License #		Phone #:	

Trade	License Number	Subcontractor Printed Name	Subcontractor 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.

Contractor Form: Subcontractor Form: 1-11