



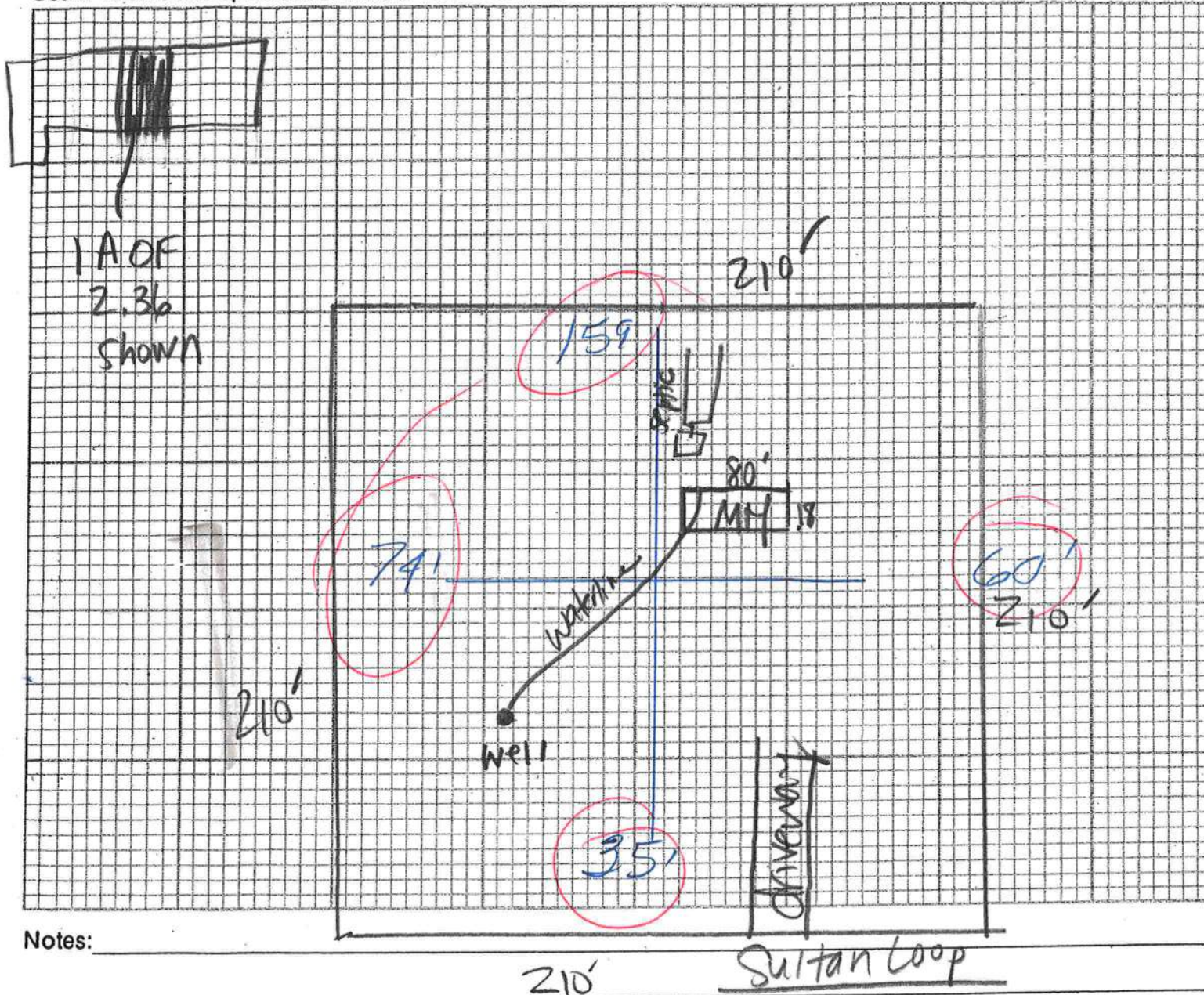
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-03131

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Linda Hutchins
Signature

Agent
Title

Plan Approved X

Not Approved _____

Date 6/28/10

By

Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF



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

10-0313E

PERMIT NO. 10-0313E
DATE PAID: 969709
FEE PAID: 612210
RECEIPT #: 125.00
1327163

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT:

Charlie Tyre

AGENT:

Linda Fitzpatrick

TELEPHONE:

386-754-1874

MAILING ADDRESS:

8786 SE CR 245, Lake City, FL 32055

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.

PROPERTY INFORMATION

LOT: 11 BLOCK: A SUBDIVISION: Deerhaven UNREC. PLATTED: AEA

PROPERTY ID #: 13-45-17-08335-010 ZONING: RES I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 2.36 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS:

SE SULTON LOOP, LAKE CITY, FL

DIRECTIONS TO PROPERTY:

PRICE CREEK, L ON WHEELS ROAD,
L ON SULTON LOOP, TO CURVE, MH ON R.
L

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	SWMH	3	1280	ORIGINAL ATTACHED
---	------	---	------	-------------------

2

3

4

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

SIGNATURE:

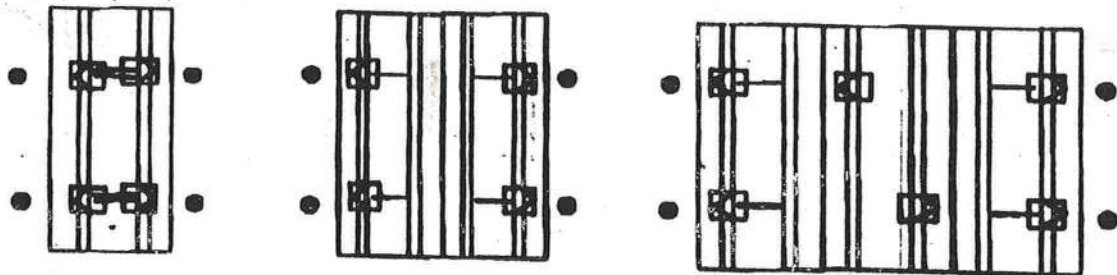
Charlie Tyre

DATE:

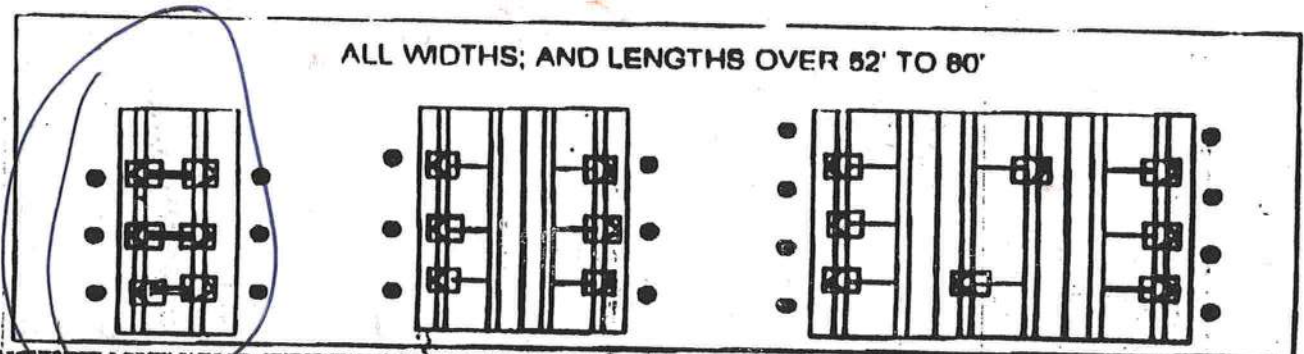
6-21-10

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" BRACES FOR UP TO 4/12 ROOF PITCH

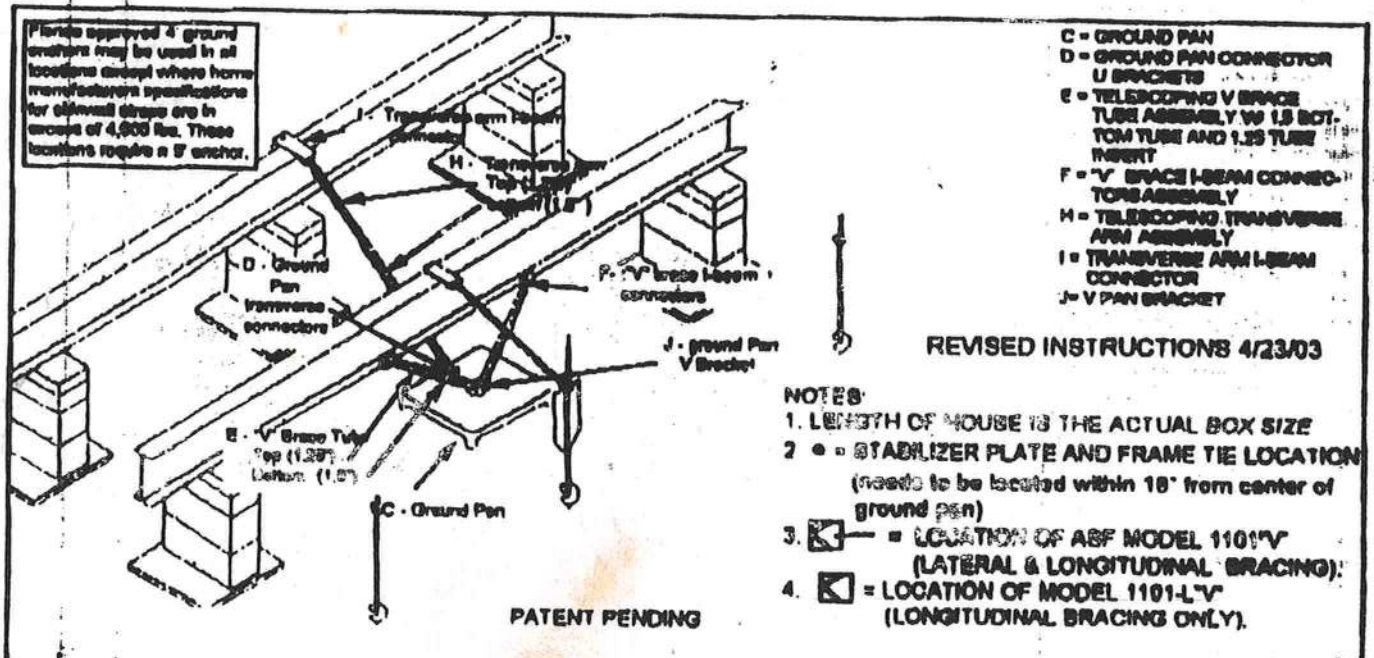
ALL WIDTHS; AND LENGTHS UP TO 52'



ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



HOMES WITH 5/12 ROOF PITCH REQUIRE, PER FLORIDA REGULATIONS, 6 systems for home lengths up to 52', and 8 systems for homes over 52' and up to 80'. One stabilizer plate and frame tie required at each lateral bracing system.



MANUFACTURED HOMES FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-888-264-7437

Telephone: 801-798-4555
Fax: 801-798-8811
www.olivertechnologies.com

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1007-49 CONTRACTOR PAUL ALBERGNY PHONE 754-1874

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Linda Fitzpatrick</u> License #:	Signature <u>Linda Fitzpatrick</u> Phone #: <u>386-754-1874</u>
MECHANICAL/ A/C	Print Name <u>Linda Fitzpatrick</u> License #:	Signature <u>Linda Fitzpatrick</u> Phone #: <u>386 754-1874</u>
PLUMBING/ GAS	Print Name <u>Linda Fitzpatrick</u> License #:	Signature <u>Linda Fitzpatrick</u> Phone #: <u>386 754 1874</u>
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License#:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.