

DATE 07/03/2006

Columbia County Building Permit

PERMIT
000024705

This Permit Expires One Year From the Date of Issue

APPLICANT MARTINA LUNDY PHONE 386-935-0247
ADDRESS 344 NW CHASWICK DRIVE LAKE CITY FL 32055
OWNER MARTINA LUNDY PHONE 386.935.0247
ADDRESS 344 NW CHASWICK DRIVE LAKE CITY FL 32055
CONTRACTOR JOHN A. SHIPP PHONE 386.755.8758
LOCATION OF PROPERTY 441-N TO C-25A,TL TO TAFT,TL TO STOP SIGN,TR AND THE
LOT IS ON THE L @ THE END.

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 INDUSTRIAL MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE 5.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 19-3S-17-05160-001 SUBDIVISION MARION HEIGHTS
LOT 1 BLOCK 7 PHASE UNIT TOTAL ACRES 0.50

IH0000334
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 06-0516-N BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, SECTON 2.4 VESTED RIGHTS
LETTER OF AUTHORIZATION GIVEN TO OWNER

Check # or Cash 1469

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 17.76 WASTE FEE \$ 36.75
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 329.51
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."

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 INCONVENIENCE, 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

(Revised 6-23-05)

Zoning Official BLK 28.06.06

Building Official OK 3TH 6-20-06

AP# 0606-05 Date Received 6/19/06 By JW Permit 24705

Flood Zone X Development Permit N/A Zoning IND. Land Use Plan Map Category IND.

Comments 2.4e Vested Rights
Legal Lot of Record

(MAH going on lot #7)

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☐ EH Signed Site Plan ☒ EH Release ☒ Well letter ☐ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

Property ID # 19-35-17-0516A-001 Must have a copy of the property deed

New Mobile Home _____ Used Mobile Home X Year 1989

Applicant John/Toyann Shipp Phone # 755-8758

Address 355 NE LAVERNE ST. L.C. 32055

Name of Property Owner MARTINA LUNDY Phone# 386-935-0247

911 Address 344 NW CHESWICK DR. L.C. 32055

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home MARTINA LUNDY Phone # 386-935-0247

Address 9799 NW 38TH TERR. BRANDFORD, FL 32008

Relationship to Property Owner Self

Current Number of Dwellings on Property NONE

Lot Size 1/2 ACRE Total Acreage 1/2 ACRE

Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)

Is this Mobile Home Replacing an Existing Mobile Home NO (One)

Driving Directions to the Property 441 NORTH TURN LEFT ON
25 A, TURN LEFT ON TAFT ST. GO TO STOP
SIGN TURN RT. LOT ON LEFT AT DEAD END.

Name of Licensed Dealer/Installer John A. Shipp Phone # 755-8758

Installers Address 355 NE LAVERNE ST. L.C. 32055

License Number IA 0000334 Installation Decal # 266027

\$39768

- - JW called 6.29.06 - PHONE RINGS SEVERAL X'S - NO ANSWER

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 1500 X 1400 X 1500

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 1500 X 1400 X 1500

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. 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

John Skipp

Date Tested

May 25 06

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.

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 Swale Pad

Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing: Walls: Type Fastener: Length: Spacing: Roof: Type Fastener: Length: Spacing: 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

1/1

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

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

John Skipp

Date

May 25 06

PERMIT NUMBER

Installer

John A. Shipp License # IK 0000334

Address of home being installed

Manufacturer

CLAYTON Length x width 14x56

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

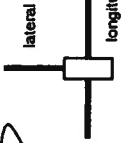
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

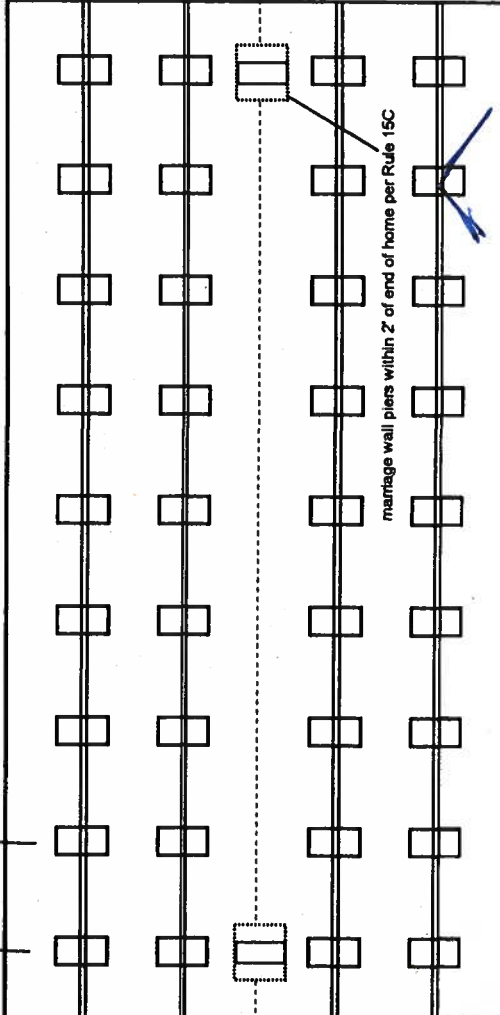
JS

Typical pier spacing

2'



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



Block on 2' spacing
14x56
Anchor 3/24 August

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 # 266027
Triple/Quad ☐ Serial # CL7L913-83-311

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'	4'	4'	4'	4'	4'
1500 psf	4'	4'	4'	4'	4'	4'	4'
2000 psf	6'	6'	6'	6'	6'	6'	6'
2500 psf	7'	7'	7'	7'	7'	7'	7'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17 1/2 x 22
Perimeter pier pad size 16 x 16
Other pier pad sizes (required by the mfg.) N/A

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

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Tech
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

Sidewall
Longitudinal
Marriage wall
Shearwall

Number

12 Periside
2

@ CAM112M01 S CamaUSA Appraisal System
 6/06/2006 10:26 Legal Description Maintenance
 Year T Property Sel
 2006 R 19-3S-17-05160-001
 344 CHESWICK DR NW LAKE CITY
 LUNDY MARTINA ANN

Columbia County
 11750 Land 004 *
 AG 000
 24853 Bldg 002 *
 850 Xfea 004
 37453 TOTAL B*

1	LOTS 1, 2 & 3 BLOCK 7 MARION	HEIGHTS S/D. ORB 778-400,	2
3	795-1625, 800-238, 800-239,	800-240-, 842-080,	4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 7/23/1997 TERR

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More



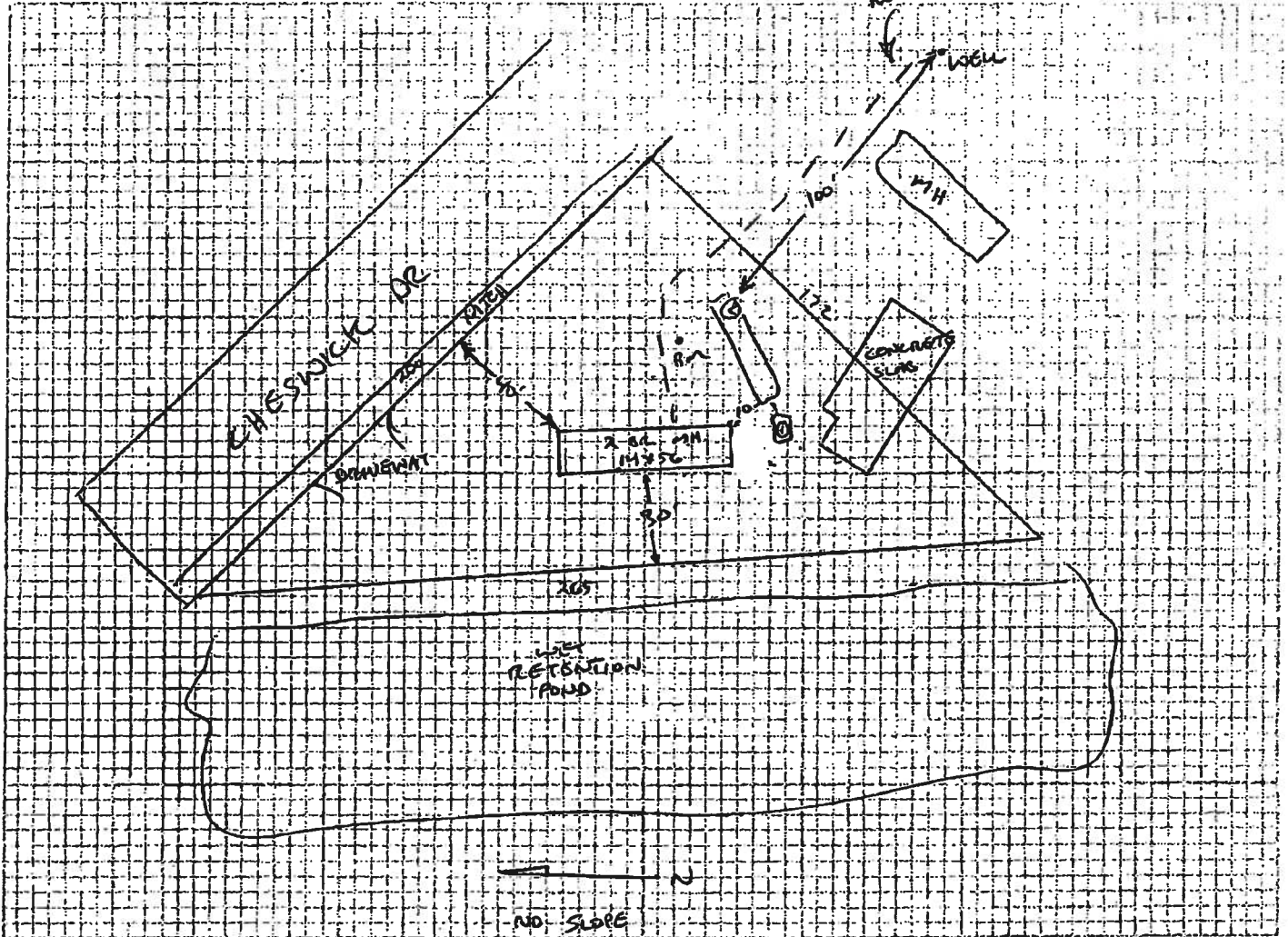
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0516-2

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Plan Approved ☒ Not Approved

By

APPROVED

Signature

Not Approved

Title

Date 6/5/6

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

24698

Name:

Address:

This Instrument Prepared by:

Address:

Property Appraisers Parcel Identification (Folio Number(s)):

Grantee(s) S.S. #s

CS-Seminole Paper & Printing Co., Inc., 1987

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.

93-08910

1993 AUG -5 PM 2:12

RECORD VERIFIED

CLERK OF COURTS

COLUMBIA COUNTY, FLORIDA

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 5 day of August, 1993, by

KENNETH WAYNE HOLMES
first party, to

whose post office address is

second party. TINA LUNDY RT 8 BOX 27 LAKE CITY FL 32055

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and 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 first party, for and in consideration of the sum of \$ Nil, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit-claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of _____, State of _____, to-wit:

Lot 3, Block 7 as shown on the Plat entitled Marion High which is duly recorded in Plat Book 3, Page 13. Public Records of Columbia County, Fl.

To Have and to Hold, The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

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

Signed, sealed and delivered in the presence of:

Andy Dicks
Witness Signature (as to first Grantor)

ANDY DICKS
Printed Name

Trilby G. Crews
Witness Signature (as to first Grantor)

TRILBY G. CREWS
Printed Name

Kenneth Wayne Holmes
Grantor Signature

Kenneth Wayne Holmes
Printed Name

4937 WISHART BLVD
Post Office Address TAMPA, FL 33603

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Co-Grantor Signature (if any)

Printed Name

Post Office Address

0778 PG0400

OFFICIAL RECORDS

Tribby G. Crews
Witness Signature (as to first Grantor)

Tribby G. Crews
Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

4937 WISHART BLVD
Post Office Address TAMPA, FL 33603

Co-Grantor Signature (if any)

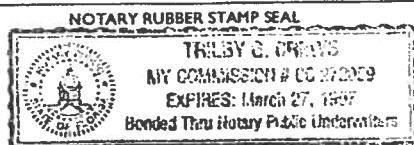
PK 0778 PG0400
Printed Name

Post Office Address OFFICIAL RECORDS

STATE OF FLORIDA)
COUNTY OF COLUMBIA)

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

KENNETH WAYNE HOLMES
known to me to be the person _____ described in and who executed the foregoing instrument, who acknowledged before me that HE executed the same, and an oath was not taken. (Check one:) ☐ Said person(s) is/are personally known to me. ☒ Said person(s) provided the following type of identification: FL DL # H452-519-50-212-0



Witness my hand and official seal in the County and State last aforesaid this 5th day of AUGUST, A.D. 1992

Tribby G. Crews
Notary Signature
Tribby G. Crews
Printed Notary Signature

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6/20/06 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
 OWNERS NAME Martina Lundy PHONE 386-835-0247 CELL _____
 ADDRESS 344 NW Cheswick Dr. Lake City FL 32055
 MOBILE HOME PARK N/A SUBDIVISION Marion Heights S/D Blk 7 lot 1
 DRIVING DIRECTIONS TO MOBILE HOME 441 N, (D) on 25A, (D) Telford St at stop
sign turn (D) lot on (D) at dead end

MOBILE HOME INSTALLER John Shipp PHONE 255-8758 CELL _____

MOBILE HOME INFORMATION

MAKE American YEAR 89 SIZE 14 x 60 COLOR White & grey
 SERIAL No. _____

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

INSPECTION STANDARDS

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

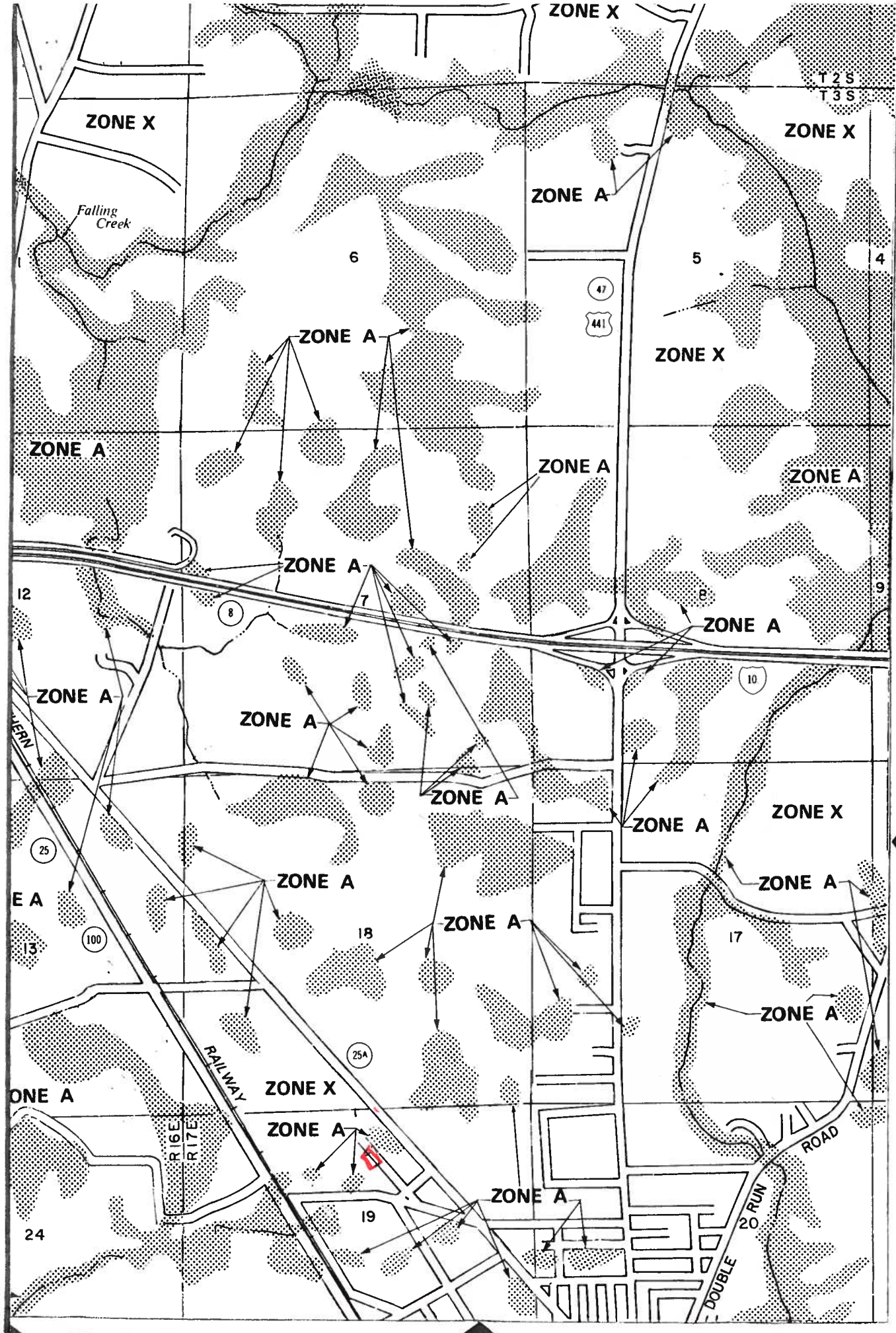
STATUS:

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

Has done the out of County inspection form - Doug has it.
 SIGNATURE [Signature] ID NUMBER 307 DATE 6-21-06

0606-65



7-2-06

I John A. Shipp Give MARTINA
Lundy Permission TO Pick
up A mobile Home Permit

Thank You.

John A. Shipp
710000334