

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

- Cash

For Office Use Only (Revised 1-11)		Zoning Official <u>BLK 27 Oct. 2011</u>	Building Official <u>1.C. 16-26-11</u>
AP# <u>1110-24</u>	Date Received <u>10/25/11</u>	By <u>LH</u>	Permit # <u>29750</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>Section 2.3.8</u>			

FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1' above RL</u>	River <u>N/A</u>	In Floodway <u>N/A</u>
☒ Site Plan with Setbacks Shown	☒ EH # <u>11-0438-E</u>	☐ 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 <u>PA</u>		
Road/Code _____ School _____ = TOTAL _____		Impact Fees Suspended March 2009 <i>faxed 10/25/11</i>		

Free Paid

Property ID # 36-45-16-03332-000 Subdivision Pinewood MHP Lot 4

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x76 Year 1997
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Julian McCranie Phone# 386-752-0118
- 911 Address 109 SW Socket GLN, Lake City 1 FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Julian McCranie Phone # 386-752-0118
Address PO Box 1945 Lake City FL 32056
- Relationship to Property Owner same
- Current Number of Dwellings on Property 11
- Lot Size 307 x 767 Total Acreage 4.6
- 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 Yes
- Driving Directions to the Property Hwy 47 South to SW Hydraulic Way turn (R) to Pinewood MHP on (R) Lot #4 (faces Hydraulic) corner of Hydraulic + Socket
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
 - License Number IH 1025386 Installation Decal # 8666

Spoke to Wendy on 10/27/11

PERMIT WORKSHEET

PERMIT NUMBER

Installer Robert Steppard License # TH1025386

Address of home being installed Lake City FL 32024

Manufacturer General Length x width 14x26

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 RS

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 # 8666
Triple/Quad ☐ Serial # GMHGA2459614676

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)	28' x 28" (676)
1000 lbs	3'	3'	4'	5'	6'	7'	8'
1500 lbs	4'	4'	5'	6'	7'	8'	9'
2000 lbs	5'	5'	6'	7'	8'	9'	10'
2500 lbs	6'	6'	7'	8'	9'	10'	11'
3000 lbs	7'	7'	8'	9'	10'	11'	12'
3500 lbs	8'	8'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

I-beam pier pad size 17x25
Perimeter pier pad size 17x25
Other pier pad sizes (required by the mfg.) 17x25

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
18 x 18	324
18.5 x 18.5	342
18 x 22.5	380
17 x 22	374
13 1/4 x 28 1/4	348
20 x 20	400
17 3/4 x 25 3/4	441
17 1/2 x 25 1/2	448
24 x 24	576
28 x 28	676

Draw the approximate locations of marriage well 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 _____

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

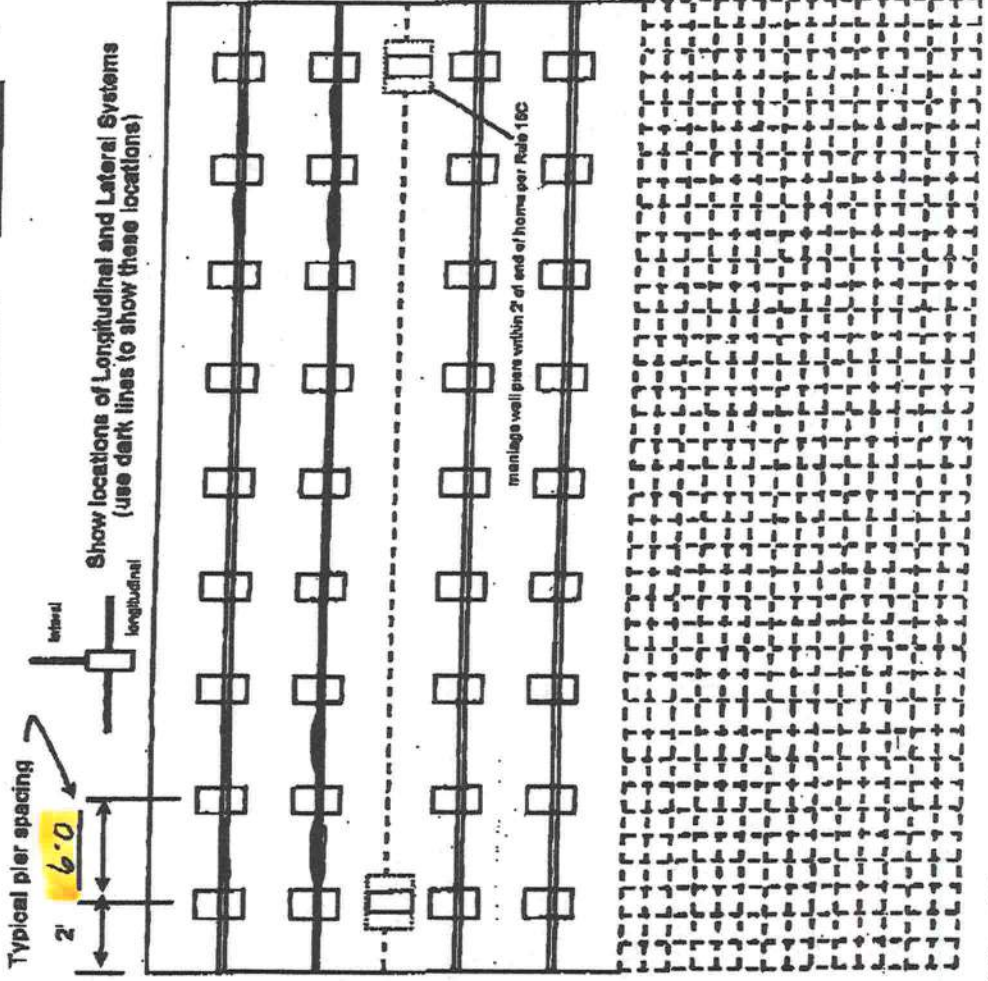
within 2' of end of home spaced at 6' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Olive 1101V

OTHER TIES

Number 22
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____



POCKET PENETROMETER TEST

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

X 1700 X 1700 X 1700

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 1600 X 1600 X 1720

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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Skypa

Date Tested

10-18-11

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

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

Fastening multi wide units

Type Fastener: Length: Spacing:
Type Fastener: Length: Spacing:
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 (weatherstripping 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

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.
Sliding 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
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

Robert Skypa

Date 10-18-11

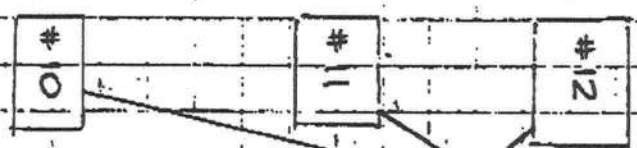
Pinewood MHP
Julian McEranie
PO Box 1945

12 spaces

Legend:

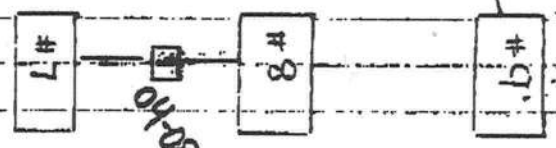
Sewer Lines

Hydraulic Road



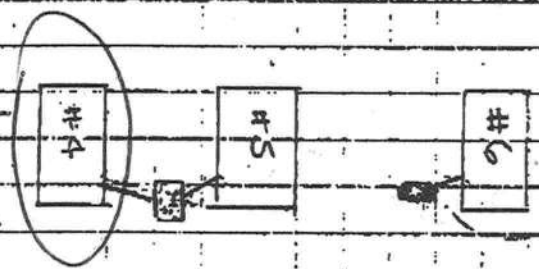
81-333

only permitted for SMH



767.85

Two One
00-0040-R



75-190

New DE



222.94

Septic Permit # 95-R-11

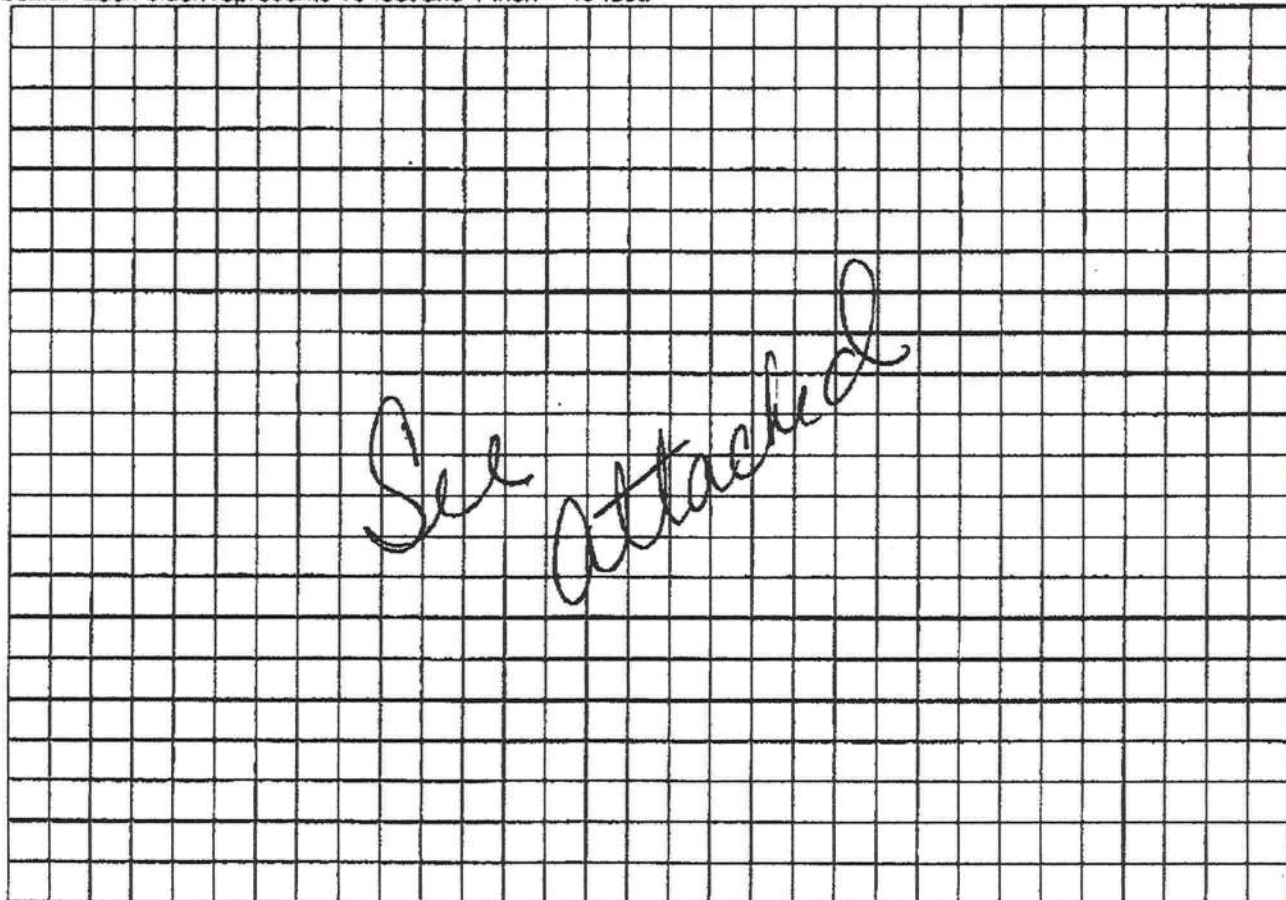
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

App 1110-24

Permit Application Number 11-0438E

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



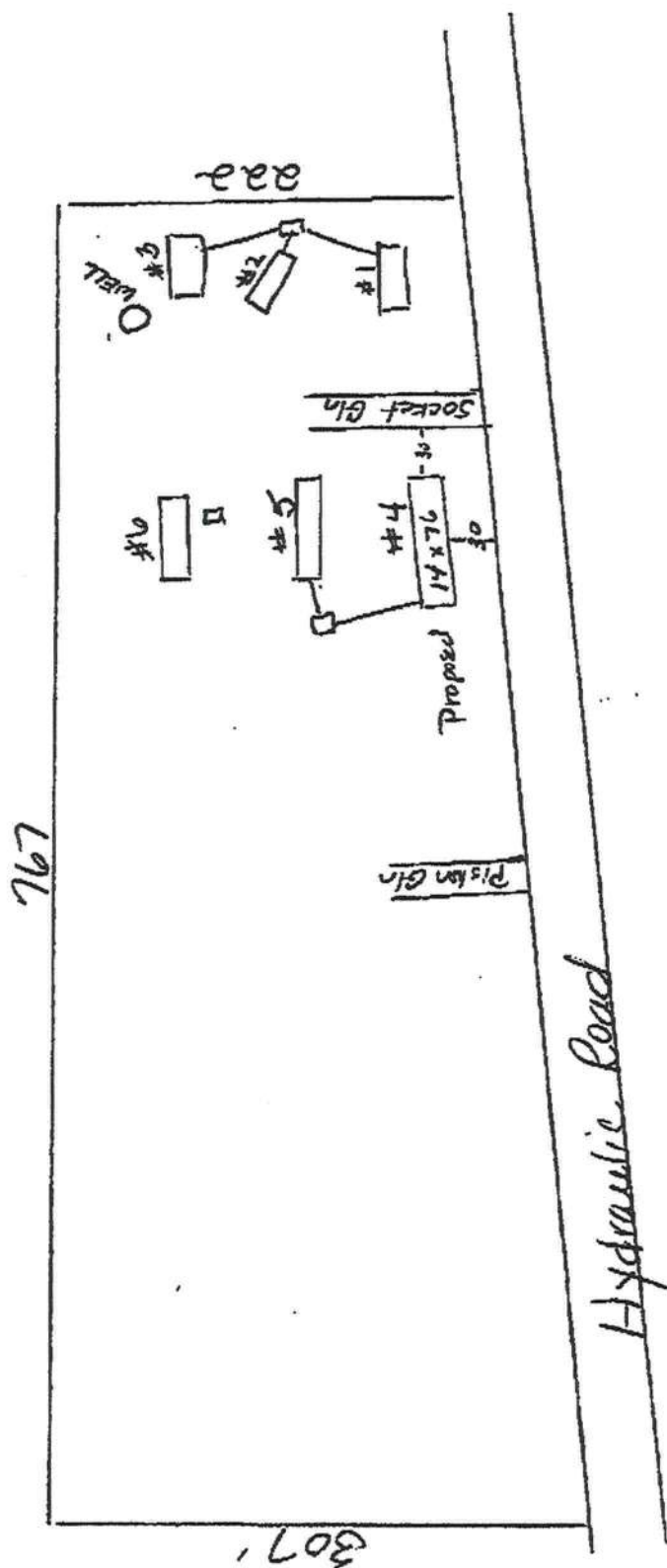
Notes: _____

Site Plan submitted by: Wendy Grennell Agent
Plan Approved X Not Approved _____ Date 10-27-11
By Salve Ford Env Health Director - Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

11-0438-E

Wendy Grennell



APP 1110-24

Scale 1" = 100'

22

QUIT-CLAIM D.

THIS QUIT-CLAIM DEED, Executed this 3rd day of January, 2002, by HUGH I. BENT, Trustee under the provisions of the 5602 Trust, who does not reside on the property, whose post office address is Route 17, Box 2515, Lake City, Florida 32055, first party, to JULIAN H. MCCRANIE, JR., social security number 2-2-8-1344, whose post office address is Post Office Box 1945, Lake City, Florida 32056, second party:

WITNESSETH, That the said first party, for and in consideration of the sum of \$10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remises, releases and quit-claims unto the said 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 Columbia, State of Florida, to-wit:

See Schedule "A" attached hereto and by this reference incorporated herein.

Tax Parcel No. 36-45-[REDACTED]

N.B. This is an absolute conveyance in lieu of foreclosure of a mortgage on the property described in Schedule "A" attached hereto, and is not intended as additional security.

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:

Eddie M. Anderson
Print Name: Eddie M. Anderson

Michelle Vaughn
Print Name: Michelle Vaughn

Hugh I. Bent (SEAL)
HUGH I. BENT, Trustee under the
provisions of the 5602 Trust

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 3rd day of January, 2002, by HUGH I. BENT, Trustee under the provisions of the 5602 Trust, who is personally known to me or who produced driver's license as identification.



Michelle Vaughn
Notary Public
Print Name: Michelle Vaughn
My Commission Expires:

Prepared by: ☒ EDDIE M. ANDERSON
POST OFFICE BOX 1179
LAKE CITY, FL 32056-1179

7/11/2004 10:00 AM Detail: 01 0002 10/01/2004
00 01440-0000 1 566.70
7/11/2004 10:00 AM Detail: 01 0002 10/01/2004
00 01440-0000 1 566.70

SCHEDULE A to QUITCLAIM DEED

Bent to McCranie

Begin at the Northeast corner of NW ¼ of SW ¼ of Section 36, Township 4 South, Range 16 East, and run West 880 feet for a POINT OF BEGINNING; thence run South 1020.85 feet, West 222.94 feet, more or less, to the East right of way line of County Road, Northwesterly along East right of way line of said Road to North line of NW ¼ of SW ¼, East along North line of NW ¼ of SW ¼, to POINT OF BEGINNING, LESS AND EXCEPT LAND DESCRIBED IN OFFICIAL RECORD BOOK 221, PAGE 537, public records of Columbia County, Florida, DESCRIBED AS FOLLOWS:

Commence at the Northwest corner of the SW ¼ of Section 36, Township 4 South, Range 16 East, and run thence East 20 feet to the East side of a 40 foot County Graded Road, this being the POINT OF BEGINNING; run thence South along the East side of grade a distance of 253 feet; run thence East a distance of 307 feet; run thence North a distance of 253 feet to the South side of a county graded road, run thence West along the South side of grade a distance of 334.5 feet to the POINT OF BEGINNING.

COMM NE COR OF NW1/4 OF SW1/4, RUN W 880 FT, S 253 FT FOR POB, RUN S 767.85 FT, W 222.94 FT TO E R/W OF GRADED RD, N	MCRANIE JULIAN H JR P O BX 1945 LAKE CITY, FL 32056	36-4S-16-03332-000	Columbia County 2011 R
		PRINTED 9/26/2011 11:32 APPR 2/10/2010 DF	CARD 001 of 001 BY JEFF

BUSE		AE?		HTD AREA	.000 INDEX	36416.01 SOUTHWOOD	PUSE	002802 MH PARK	
MOD	BATH			EFF AREA	13.973 E-RATE	.000 INDX	STR	36- 4S- 16	
EXW	FIXT			RCN	%GOOD	BLDG VAL	AYB	MKT AREA 01	0 BLDG
%	BDRM						EYB	(PUD1	51,600 XFOB
RSTR	RMS							AC	4.600
RCVR	UNTS			FIELD CK:				NTCD	0 CLAS
%	C-W%			LOC: 108 PISTON GLN SW LAKE CITY				APPR CD	0 MKTUSE
INTW	HGHT							CNDO	80,580 JUST
%	PMTR							SUBD	80,580 APPR
FLOR	STYS							BLK	
%	ECON							LOT	0 SOHD
HTTP	FUNC							MAP# 72-D	0 ASSD
A/C	SPCD								0 EXPT
QUAL	DEPR							TXDT	003
FNDN	UD-1								0 COTXBL
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					
TOTAL									

EXTRA FEATURES										FIELD CR:											
AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT	PR	SPCD	%	%GOOD	XFOB	VALUE
N		0259	MHP HOOKUP				1		0000	1.00	12.000	UT	4300.000						100.00		51,600

[illegible]

L001 - PROP USED FOR MH PARK

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, Robert Sheppard license number JH 1025386

state that the installation of the manufactured home for owner

Julian McCranie at

911 Address: _____ City Lake City

will be done under my supervision.

Signed: Robert Sheppard
Mobile Home Installer

Sworn to and described before me this 18 day of October 2001

Shirley M. Bennett
Notary public

Shirley M. Bennett Personally known ✓
Notary Name

DL ID _____



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/25/11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
OWNERS NAME Julian McCranie PHONE 756-2118 CELL 623-1698
ADDRESS PO Box 1945 Lake City FL 32056
MOBILE HOME PARK Pinewood - going to SUBDIVISION I
DRIVING DIRECTIONS TO MOBILE HOME Hwy 47 South to Pickered turn (R)
to SW Gull Drive turn (L) to 639 on (L)
(corner of Gull & Kestrel)
MOBILE HOME INSTALLER Robert Sheppard PHONE 386-623-2203
MOBILE HOME INFORMATION
MAKE General YEAR 1997 SIZE 14 x 76 COLOR Cream
SERIAL NO. GMHGA2459614676
WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

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

EXTERIOR:

☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NO WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WE. TIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE H. S. P. ID NUMBER 482 DATE 10-26-11

McCranie

App # 111024

COLUMBIA COUNTY 9-1-1 ADDRESSING

Septic # 11-0438-E

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: 10/20/2011 DATE ISSUED: 10/25/2011

ENHANCED 9-1-1 ADDRESS:

109 SW SOCKET

GLN

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

36-4S-16-03332-000

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE WITHIN PINWOOD
MHP, LOT 4

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.**

McCrane

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1110-24 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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>Julian McCrane</u> License #: <u>owner</u>	Signature <u>Julian McCrane</u> Phone #: <u>386-752-0118</u>
MECHANICAL/ A/C ✓	Print Name <u>Julian McCrane</u> License #: <u>owner</u>	Signature <u>Julian McCrane</u> Phone #: <u>386-752-0118</u>
PLUMBING/ GAS ✓	Print Name <u>Robert Sheppard</u> License #: <u>TH1025386</u>	Signature <u>Robert Sheppard</u> Phone #: <u>386-623-2203</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 Forms: Subcontractor form: 1/11

DATE 10/31/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029750

APPLICANT WENDY GRENNELL PHONE 386.288.2428
ADDRESS 3104 SW OLD WIRE ROAD FT. WHITE FL 32038
OWNER JULIAN MCCRANIE PHONE 386.752.0118
ADDRESS 109 SW SOCKET GLN LAKE CITT FL 32024
CONTRACTOR ROBERT SHEPPARD PHONE 386.623.2203
LOCATION OF PROPERTY 47-S TO HYDRAULIC WAY,TR TO PINEWOOD MHP ON R, LOT 4
FACES HYDRAULIC & @ CORNER OF HYDRAULIC& & SOCKET.
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT 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. 11 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 36-4S-16-03332-000 SUBDIVISION PINEWOOD MHP
LOT 4 BLOCK PHASE UNIT TOTAL ACRES 4.60

IH1025386
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0438-E BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: SECTION 2.3.8. 1 FOOT ABOVE ROAD. EXISTING MHP.

Check # or Cash CASH REC'D.

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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 325.00
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.