

DATE 12/02/2010

**Columbia County Building Permit**  
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**  
**000029041**

APPLICANT WENDY GRENNELL PHONE 386-288-2428  
ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038  
OWNER CAROLYN SIMMONS (KRYSTAL SCHRECENGOST) PHONE 386-266-9009  
ADDRESS 1396 SE ADAMS STREET HIGH SPRINGS FL 32643  
CONTRACTOR TERRY THRIFT PHONE 386-623-0115  
LOCATION OF PROPERTY 441-S, L ADAMS ST, TO END LAST ON RIGHT

TYPE DEVELOPMENT \*\*\*VOID\*\*\*MH 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 FL X DEVELOPMENT PERMIT NO.

PARCEL ID 11-7S-17-09983-009 SUBDIVISION BICENTENNIAL ACRES  
LOT 16 BLOCK PHASE UNIT 1 TOTAL ACRES 5.00

IH1025139  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 10-0523 BK TC N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: MINIMUM ELEVATION SET @ 52.5', NEED ELEVATION CONFIRMATION LETTER

BEFORE POWER (((OWNER CANCELED-NOT BUYING THIS MH-LETTERS ATTACHED)))

STUP-10-16/ 5 YEAR PERMIT FOR DAUGHTER Check # or Cash CASH**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 \$ 64.20 WASTE FEE \$ 167.50  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 606.70  
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.**

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LOCATION OF PROPERTY 441 S, L ADAMS ST, TO END LAST ON RIGHT

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 50.00 REAR 25.00 SIDE 25.00  
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LOT 16 BLOCK PHASE UNIT 1 TOTAL ACRES 5.00

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BEFORE POWER

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(footer/Slab)

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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 MH 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  
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INSPECTORS OFFICE L. J. [Signature] CLERKS OFFICE

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PHONE 386-288-2428

ADDRESS 3104 SW OLD WIRE RD

FORT WHITE

FL 32038

OWNER CAROLYN SIMMONS (KRYSTAL SCHRECENGOST)

PHONE 386-266-9009

ADDRESS 1396 SE ADAMS STREET

HIGH SPRINGS

FL 32643

CONTRACTOR TERRY THRIFT

PHONE 386-623-0115

LOCATION OF PROPERTY 441 S, L ADAMS ST, TO END LAST ON RIGHT

TYPE DEVELOPMENT MH, UTILITY

ESTIMATED COST OF CONSTRUCTION

0.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE &amp; ZONING

AG-3

MAX. HEIGHT

35

Minimum Set Back Requirements:

STREET-FRONT

30.00

REAR

25.00

SIDE

25.00

NO. EX.D.U.

1

FLOOD ZONE

FL X

DEVELOPMENT PERMIT NO.

PARCEL ID 11-7S-17-09983-009

SUBDIVISION

BICENTENNIAL ACRES

LOT 16

BLOCK

PHASE

UNIT 1

TOTAL ACRES

5.00

Culvert Permit No.

Culvert Waiver

Contractor License Number

RI1025139

EXISTING

10-0523

BK

Driveway Connection

Septic Tank Number

LU &amp; Zoning checked by

Applicant/Owner/Contractor

TC

N

Approved for Issuance

New Resident

COMMENTS: MINIMUM ELEVATION SET @ 52.5', NEED ELEVATION CONFIRMATION LETTER

BEFORE POWER

STUP-10-16/ 5 YEAR PERMIT FOR DAUGHTER

Check # or Cash CASH

## FOR BUILDING &amp; ZONING DEPARTMENT ONLY

Temporary Power

Foundation

Monolithic

(footer/Slab)

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

date/app. by

Insulation

date/app. by

Rough-in plumbing above slab and below wood floor

Electrical rough-in

date/app. by

date/app. by

Heat &amp; Air Duct

date/app. by

Peri. beam (Lintel)

date/app. by

Pool

date/app. by

Permanent power

date/app. by

C.O. Final

date/app. by

Culvert

date/app. by

Pump pole

date/app. by

Utility Pole

date/app. by

M/H tie downs, blocking, electricity and plumbing

date/app. by

Reconnection

date/app. by

RV

date/app. by

Re-roof

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 \$

64.20

WASTE FEE \$

167.50

FLOOD DEVELOPMENT FEE \$

FLOOD ZONE FEE \$

25.00

CULVERT FEE \$

TOTAL FEE 606.70

INSPECTORS OFFICE

CLERKS OFFICE

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# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

606.70

**For Office Use Only** (Revised 1-10-08) Zoning Official \_\_\_\_\_ Building Official 1.C. 11-30-10

AP# 1011-15 Date Received 11/24 By JN Permit # 29041

Flood Zone Floodable Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Elevation Confirmation Letter Required

---

FEMA Map# 0514 Elevation 52.5' Finished Floor 52.5' River SANTA FE In Floodway N/A

☐ Site Plan with Setbacks Shown ☒ EH # 10-0523 ☒ EH Release ☒ Well letter ☐ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # \_\_\_\_\_ ☒ STUP-MH 10-16 ☐ F W Comp. letter

IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ Road/Code \_\_\_\_\_

School \_\_\_\_\_ = TOTAL \_\_\_\_\_ Impact Fees Suspended March 2009 \_\_\_\_\_

Property ID # 11-75-17-09983-009 Subdivision Bicentennial Acres Unit 1 Lot 16

- New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 28x52 Year 2010
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Road Ft White FL 32038
- Name of Property Owner Carolyn Schrecengost Simmons Phone # 386-266-9009
- 911 Address 1396 SE Adams Street High Springs FL 32643
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Krystal Schrecengost Phone # 386-454-1969  
Address 1448 SE Adams St. High Springs FL 32643
- Relationship to Property Owner daughter
- Current Number of Dwellings on Property 1
- Lot Size \_\_\_\_\_ Total Acreage 5
- 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 441 South past Oleno State Park to SE Adams Street turn (L) to end, last property on (R)

- Name of Licensed Dealer/Installer TERRY JHOFT Phone 386-752-4210
- Installers Address 448 NW NYE HUNTER LN LAKE CITY FL 32055
- License Number IH 1025139 Installation Decal # 3337

300 64.20  
167.50

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

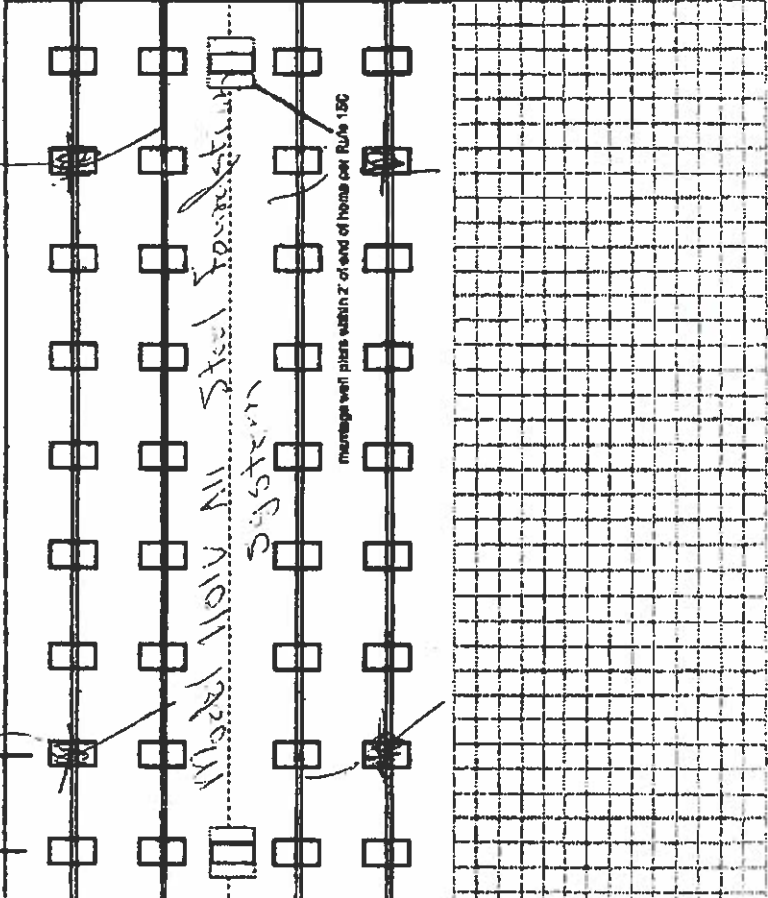
These worksheets must be completed and signed by the installer. Submit the originals with the packet.

Installer TERRY L THRIFF License # 711-1025131  
11 Address where one is being installed. SE Adams Street  
High Springs FL 32641  
Manufacturer Timberline Length x width 52' x 58'

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 TLT



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 # 3331  
Triple/Quad ☐ Serial # \_\_\_\_\_

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity | Footing size (sq in) | 16" x 18" (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'              | 5'              | 6'              | 6'              |
| 1500 psf              | 4'                   | 5'              | 5'                      | 6'              | 6'              | 7'              | 7'              |
| 2000 psf              | 5'                   | 6'              | 6'                      | 7'              | 7'              | 8'              | 8'              |
| 2500 psf              | 6'                   | 7'              | 7'                      | 8'              | 8'              | 9'              | 9'              |
| 3000 psf              | 7'                   | 8'              | 8'                      | 9'              | 9'              | 10'             | 10'             |
| 3500 psf              | 8'                   | 9'              | 9'                      | 10'             | 10'             | 11'             | 11'             |

\* Interpolated from Rule 16C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 12' x 25 1/2"  
Perimeter pier pad size 16' x 16"  
Other pier pad sizes (required by the mfg.) \_\_\_\_\_

Draw the approximate locations of maniape wall openings 4 foot or greater. Use this symbol to show the piers.

List all maniape wall openings greater than 4 foot and their pier pad sizes below.

Opening 19' - 6" Pier pad size 19' x 25 1/2"

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 Timberline

OTHER TIES

Sidewall \_\_\_\_\_  
Longitudinal \_\_\_\_\_  
Maniape wall \_\_\_\_\_  
Shearwall \_\_\_\_\_

Number 2

342  
Req.  
446 provided

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to \_\_\_\_\_ psi or check here to declare 1000 lb. soil \_\_\_\_\_ without testing.

X 1500 X 1500 X 1600  
253 255 250

- 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  
253 250 255

TORQUE PROBE TEST

The results of the torque probe test is 255 inch pounds or check here if you are declaring 6' anchors without testing. A test showing 275 inch pounds or less will require 6 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 6 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: TERRY L. THURSTON  
Date Tested: 11/2/10 2:010

Electrical

Install electrical conductors between multi-wide units, but not to the main power/box. This includes the bonding wire between multi-wide units. Pg. \_\_\_\_\_

Plumbing

Install all sewer drains to an existing sewer tap or septic tank. Pg. \_\_\_\_\_

Install 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: 1/2" x 3" Spacing: 24" 32.5"  
Walls: Type Fastener: 3/8" x 3" Spacing: 32.5"  
Roof: Type Fastener: 3/8" x 3" Spacing: 32.5"  
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 required)

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 TH

Type gasket: TERRY L. THURSTON  
Pg. \_\_\_\_\_  
Installed: Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes

Weatherproofing

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

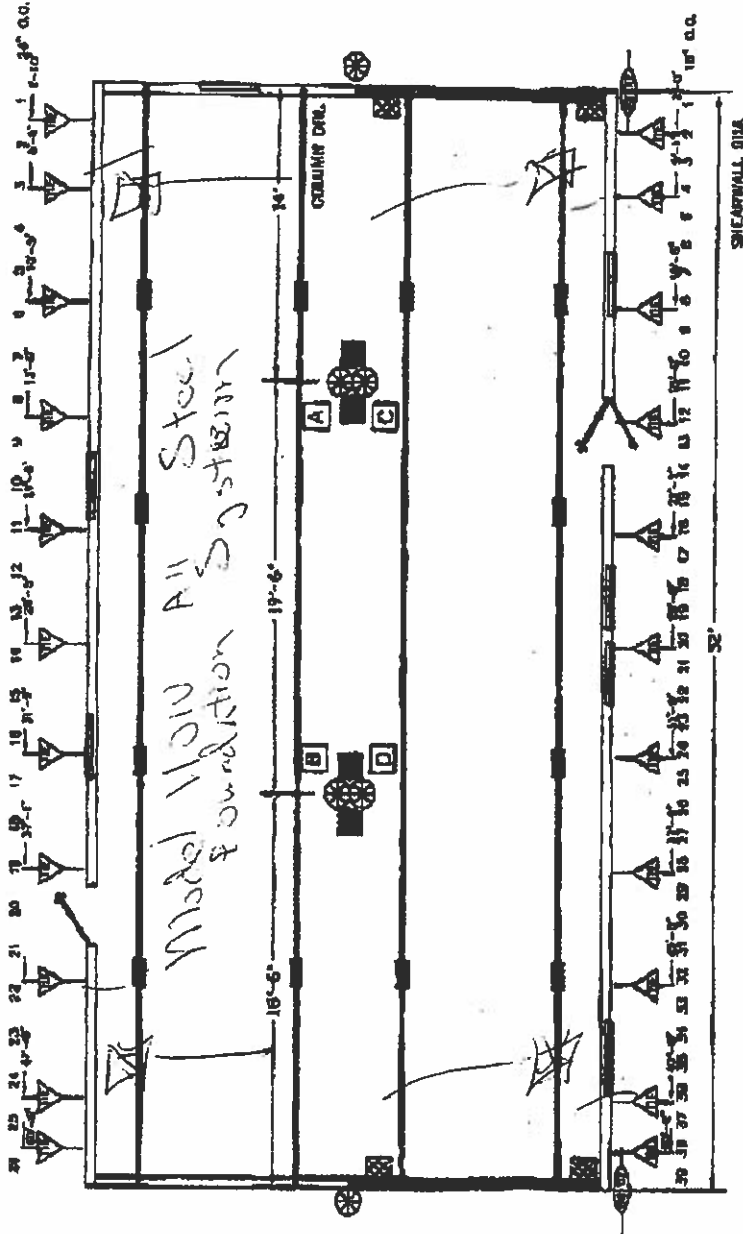
Miscellaneous

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: Terry L. Thurston Date: 11/2/10

change consent  
25 X 52



BLOCKING LEGEND:

1) ALL EXISTING BLOCKS, BAY WINDOWS, RECESSED  
SHOULDER AND EXTERIOR WALL OPENINGS 48"  
OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.  
2) 3/4" WIRE NUMBERED TO BE BLOCKED  
MIN 8'-0" ON CENTER BETWEEN COLUMNS.

1) BEAM BLOCKING CAPACITY CHARTS FOR SPACING  
2) SOIL BEARING CAPACITY CHARTS FOR PRO SIZE  
3) SHEARWALL BLOCKING  
4) SHEARWALL FRAGILE TIE  
5) CENTER LINE TIES  
6) VERICAL TIE  
7) MAX. SPACING 8'-0" CENTER TO CENTER  
8) LONGITUDINAL TIES

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2) SOIL BEARING CAPACITY CHARTS FOR PRO SIZE  
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4) SHEARWALL FRAGILE TIE  
5) CENTER LINE TIES  
6) VERICAL TIE  
7) MAX. SPACING 8'-0" CENTER TO CENTER  
8) LONGITUDINAL TIES

|                                                              |               |
|--------------------------------------------------------------|---------------|
| TownHomes<br>401 S.W. 10th Ave.<br>Fort Lauderdale, FL 33304 |               |
| Project                                                      | 2525-103      |
| Client                                                       | 10-2-07       |
| Drawn                                                        | Rev           |
| Permit                                                       | Rev           |
| Code                                                         | 7 (07)        |
| Block                                                        | 2525-103      |
| Part                                                         | BLOCKING PLAN |

178286

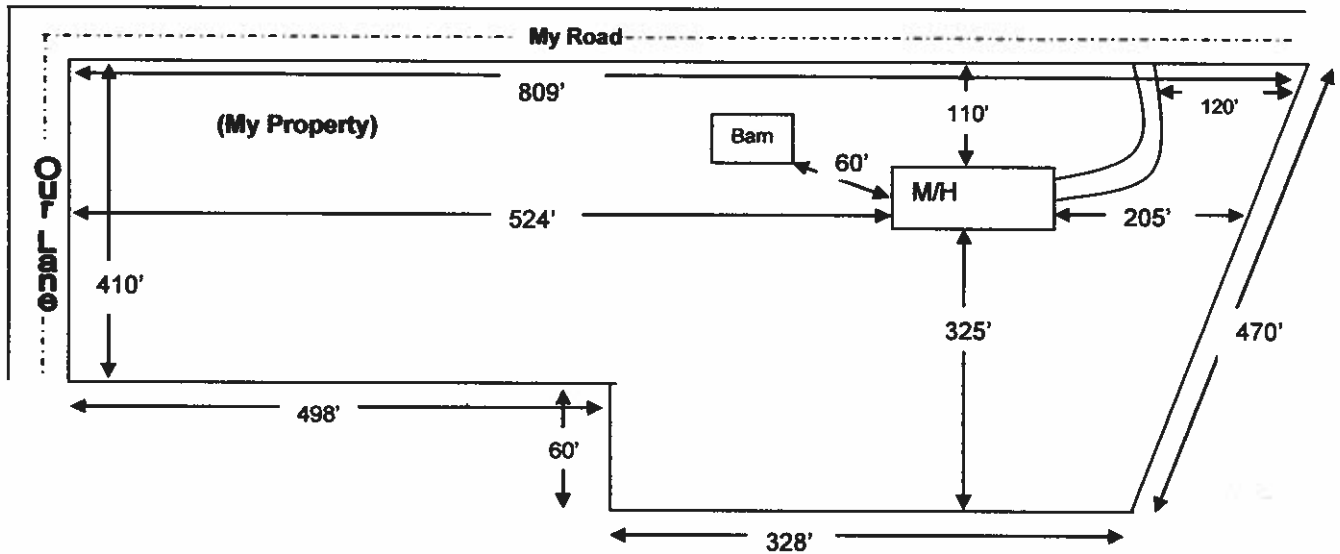


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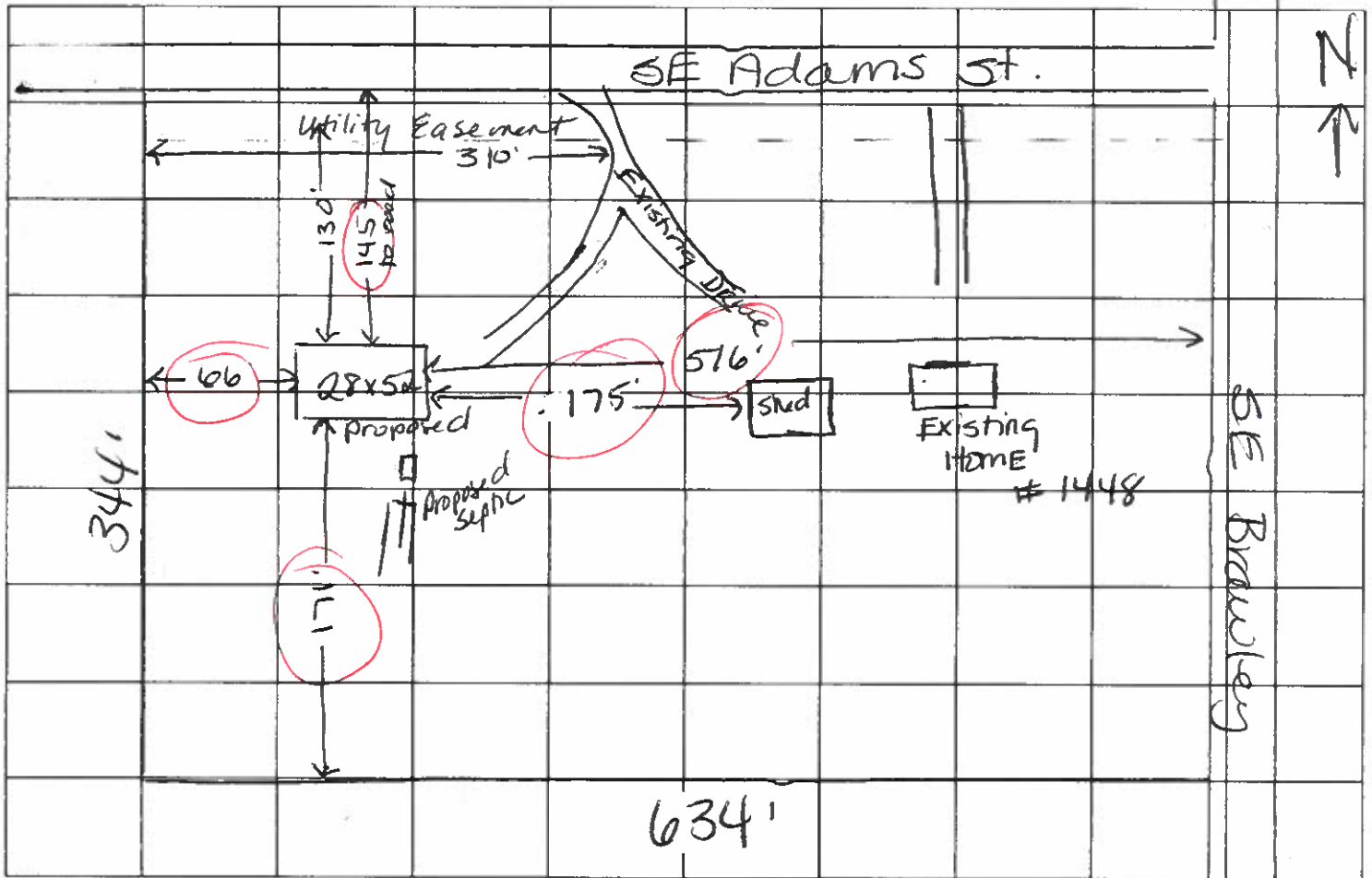
|                               |  |       |  |                                     |  |                            |  |                             |  |                           |  |                        |  |              |  |
|-------------------------------|--|-------|--|-------------------------------------|--|----------------------------|--|-----------------------------|--|---------------------------|--|------------------------|--|--------------|--|
| LOT 16 BICENTENNIAL ACRES     |  |       |  | SCHRECENGOST CAROLYN                |  |                            |  | 11-7S-17-09983-009          |  |                           |  | Columbia County 2010 R |  |              |  |
| UNIT 1. ORB 419-366, 668-197, |  |       |  | 1448 SE ADAMS ST                    |  |                            |  |                             |  |                           |  | CARD 001 of 001        |  |              |  |
|                               |  |       |  | HIGH SPRINGS, FL 32643              |  |                            |  |                             |  |                           |  | BY JEFF                |  |              |  |
|                               |  |       |  |                                     |  |                            |  | PRINTED 10/11/2010 10:49    |  |                           |  |                        |  |              |  |
|                               |  |       |  |                                     |  |                            |  | APPR 8/11/2005 DFTW         |  |                           |  |                        |  |              |  |
| BUSE 000100 SINGLE FAM        |  | AE? Y |  | 1696 HTD AREA                       |  | 104.000 INDEX              |  | 11717.01 BICENTNAL          |  | PUSE 000100 SINGLE FAMILY |  |                        |  |              |  |
| MOD 1 SFR BATH                |  | 1.00  |  | 1721 EFF AREA                       |  | 48.880 E-RATE              |  | 100.000 INDX STR 11- 7S- 17 |  |                           |  |                        |  |              |  |
| EXW 17 CB STUCCO FIXT         |  |       |  | 84122 RCN                           |  | 1989 AYB                   |  | 1989 EYB MKT AREA 02        |  |                           |  |                        |  | 67,297 BLDG  |  |
| % 0000000000 BDRM             |  | 3     |  | 80.00 %GOOD                         |  | 67,297 B BLDG VAL          |  | 1989 EYB {PUD1              |  |                           |  |                        |  | 4,100 XFOB   |  |
| RSTR 03 GABLE/HIP RMS         |  |       |  |                                     |  |                            |  | AC 5.000                    |  |                           |  |                        |  | 34,627 LAND  |  |
| RCVR 03 COMP SHNGL UNTS       |  |       |  | %FIELD CK:                          |  |                            |  | NTCD                        |  |                           |  |                        |  | 0 AG         |  |
| % N/A C-W%                    |  |       |  | %LOC: 1448 ADAMS ST SE HIGH SPRINGS |  |                            |  | APPR CD                     |  |                           |  |                        |  | 0 MKAG       |  |
| INTW 05 DRYWALL HGHT          |  |       |  | % +-----50-----+                    |  |                            |  | CNDO                        |  |                           |  |                        |  | 106,024 JUST |  |
| % N/A PMTR                    |  |       |  | % IBAS1993                          |  |                            |  | SUBD                        |  |                           |  |                        |  | 0 CLAS       |  |
| FLOR 14 CARPET STYS           |  | 1.0   |  | % I                                 |  |                            |  | BLK                         |  |                           |  |                        |  |              |  |
| 20% 06 VINYL ASB ECON         |  |       |  | % I                                 |  |                            |  | LOT                         |  |                           |  |                        |  | 0 SOHD       |  |
| HTTP 04 AIR DUCTED FUNC       |  |       |  | % I                                 |  |                            |  | MAP#                        |  |                           |  |                        |  | 0 ASSD       |  |
| A/C 03 CENTRAL SPCD           |  |       |  | % I                                 |  |                            |  | HX                          |  |                           |  |                        |  | 0 EXPT       |  |
| QUAL 05 05 DEPR 52            |  |       |  | % I                                 |  |                            |  | TXDT 003                    |  |                           |  |                        |  | 0 COTXBL     |  |
| FNDN N/A UD-1 N/A             |  |       |  | % 3                                 |  |                            |  |                             |  |                           |  |                        |  |              |  |
| SIZE 04 IRREGULAR UD-2 N/A    |  |       |  | % 0                                 |  |                            |  |                             |  |                           |  |                        |  |              |  |
| CEIL N/A UD-3 N/A             |  |       |  | % I                                 |  |                            |  |                             |  |                           |  |                        |  |              |  |
| ARCH N/A UD-4 N/A             |  |       |  | % I                                 |  |                            |  |                             |  |                           |  |                        |  |              |  |
| FRME 01 NONE UD-5 N/A         |  |       |  | % I                                 |  |                            |  |                             |  |                           |  |                        |  |              |  |
| KTCH 01 01 UD-6 N/A           |  |       |  | % I                                 |  |                            |  |                             |  |                           |  |                        |  |              |  |
| WNDO N/A UD-7 N/A             |  |       |  | % +-----30-----+-----6-----+        |  |                            |  |                             |  |                           |  |                        |  |              |  |
| CLAS N/A UD-8 N/A             |  |       |  |                                     |  | IFOP1993                   |  | 2                           |  |                           |  |                        |  |              |  |
| OCC N/A UD-9 N/A              |  |       |  |                                     |  | I I                        |  | 2                           |  |                           |  |                        |  |              |  |
| COND 03 03 % N/A              |  |       |  |                                     |  | 1 1                        |  | I                           |  |                           |  |                        |  |              |  |
| SUB A-AREA % E-AREA SUB VALUE |  |       |  |                                     |  | 4 4                        |  | I                           |  |                           |  |                        |  |              |  |
| BAS93 1696 100 1696 66319     |  |       |  |                                     |  | I I                        |  | I                           |  |                           |  |                        |  |              |  |
| FOP93 84 30 25 978            |  |       |  |                                     |  | +-----6-----+-----14-----+ |  |                             |  |                           |  |                        |  |              |  |
|                               |  |       |  |                                     |  |                            |  |                             |  |                           |  |                        |  |              |  |
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|                               |  |       |  |                                     |  |                            |  |                             |  |                           |  |                        |  |              |  |

# Schrecengost 2<sup>nd</sup> residence

## SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1011-45 CONTRACTOR Terry Thrift PHONE 386-623-0115  
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.

|                                                       |                                                                                                                           |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> ELECTRICAL        | Print Name <u>Michael Conner</u> Signature <u>Michael Conner</u><br>License #: <u>FR13013192</u> Phone #: <u>758-2233</u> |
| <input checked="" type="checkbox"/> MECHANICAL<br>A/C | Print Name <u>David Hall</u> Signature <u>David Hall</u><br>License #: <u>CAC057424</u> Phone #: <u>755-9792</u>          |
| <input checked="" type="checkbox"/> PLUMBING/<br>GAS  | Print Name <u>Terry Thrift</u> Signature <u>Terry Thrift</u><br>License #: <u>IH1025139</u> Phone #: <u>386-623-0115</u>  |
| <input type="checkbox"/> ROOFING                      | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                       |
| <input type="checkbox"/> SHEET METAL                  | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                       |
| <input type="checkbox"/> FIRE SYSTEM/<br>SPRINKLER    | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                       |
| <input type="checkbox"/> SOLAR                        | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                       |

| Specialty License  | License Number | Subcontractor's Permit Number | Subcontractor's 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.

Contractor Form: Subcontractor Form: G/08

*Schreengost*  
*APP# 1011-45***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: 11/18/2010 DATE ISSUED: 11/24/2010

**ENHANCED 9-1-1 ADDRESS:**

1396 SE ADAMS ST

HIGH SPRINGS FL 32643

**PROPERTY APPRAISER PARCEL NUMBER:**

11-7S-17-09983-009

**Remarks:**

2ND LOCATION ON PARCEL

Address Issued By: 

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.**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

## APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

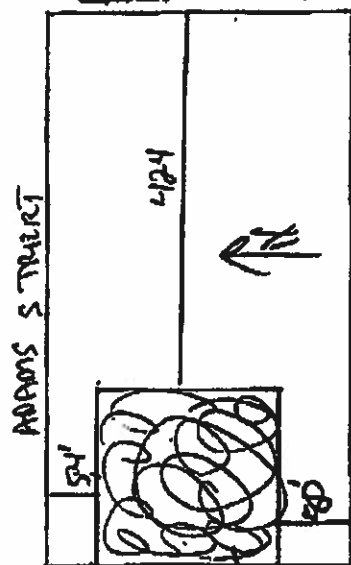
10-0523

Schreckengast

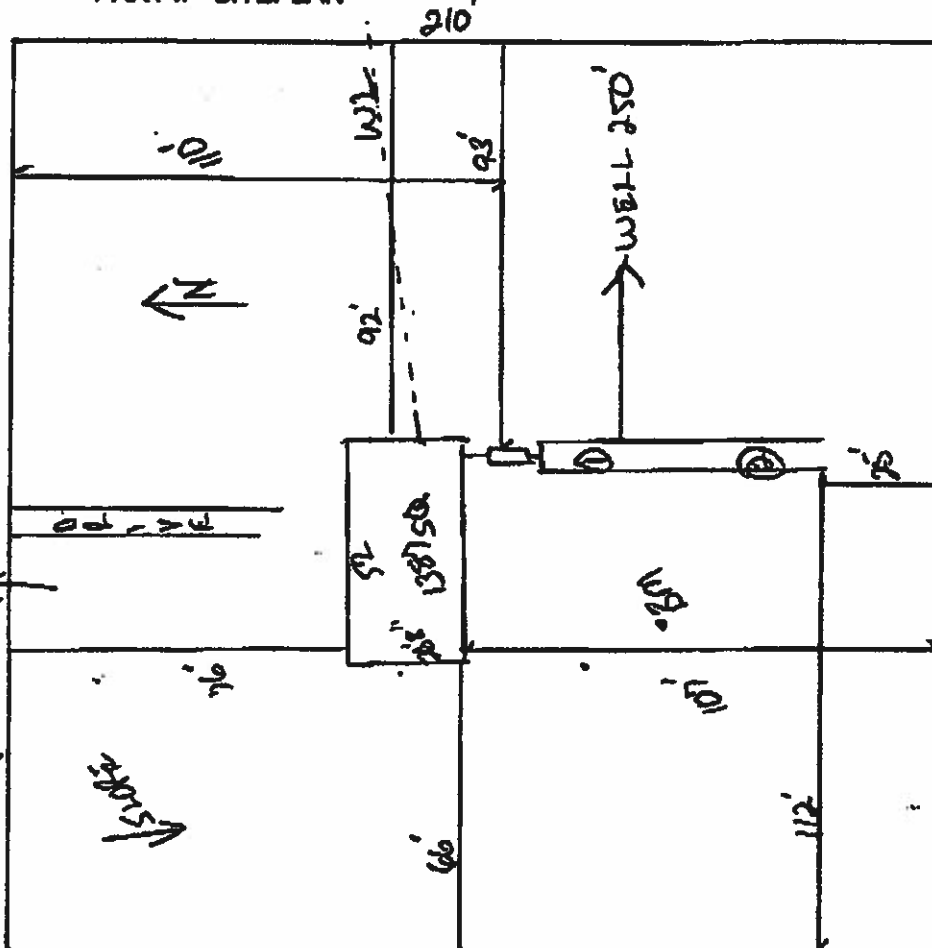
## PART II - SITEPLAN

Scale: 1 inch = 40 feet.

ADAMS STREET



ADAMS STREET



Notes:

1 of 5 Acres

Site Plan submitted by:

Rocky D. J.

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 11-30-10

By

Sally Ford, PHD Director, Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT