

DATE 10/08/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028128

APPLICANT MARY BARNETT PHONE 352 258-2402
ADDRESS 189 SW NANTUCKETT PLACE FT. WHITE FL 32038
OWNER MARY BARNETT PHONE 352 258-2402
ADDRESS 189 SW NANTUCKETT PLACE FT. WHITE FL 32038
CONTRACTOR FERMON JONES PHONE 352 318-7711
LOCATION OF PROPERTY 47S, TR ON CR 138, TL NANTUCKETT, 10TH ON LEFT

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 A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 26-7S-16-04323-008 SUBDIVISION FAIRVIEW ESTATES
LOT 8 BLOCK PHASE UNIT TOTAL ACRES 1.24

000001765 IH0000928
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
WAIVER 09-504 CB WR Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 800

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 Insulation 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 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 \$ 77.00 WASTE FEE \$ 201.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 653.00

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

CK# 799

For Office Use Only (Revised 1-10-08)		Zoning Official <u>CSB 10/5/09</u>		Building Official <u>CSB 10/6/09 80</u>	
AP# <u>0910-03</u>	Date Received <u>10/2/09</u>	By <u>G</u>	Permit # <u>17651 28128</u>		
Flood Zone <u>X</u>	Development Permit <u>—</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments _____					
FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway <u>✓</u> <input checked="" type="checkbox"/> Site Plan with Setbacks Shown <input type="checkbox"/> EH # _____ <input type="checkbox"/> EH Release <input type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well <input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner <input checked="" type="checkbox"/> Letter of Auth. from installer <input type="checkbox"/> State Road Access <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> F W Comp. letter _____					
IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____ School _____ = TOTAL _____ <u>Pre-Inspection</u>					

✓ **Property ID #** 26-75-16-04323-008 **Subdivision** Fairview Estate Lot #8

- **New Mobile Home** _____ **Used Mobile Home** ✓ **MH Size** 28X18 **Year** 1999
- **Applicant** Mary Barnett **Phone #** 352-258-2402
- **Address** 189 S.W. Nantuckett Pl Fort White, FL 32038
- **Name of Property Owner** Mary Barnett **Phone#** _____
- **911 Address** 189 S.W. Nantuckett Fort 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** Mary Barnett **Phone #** 386-454-3301
Address 189 SW NANTUCKET PL Ft. White, FL 32038
- **Relationship to Property Owner** Mary Barnett
- **Current Number of Dwellings on Property** 0 garage on property
- **Lot Size** _____ **Total Acreage** 1.24
- **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 (owner)
- **Driving Directions to the Property** HWY 47 TO CR 138 GO RIGHT ON CR 138 TO NANTUCKET GO LEFT TO 189 SE NANTUCKET ST 10th on left
- **Name of Licensed Dealer/Installer** Fernon Jones **Phone #** 352-318-1711
- **Installers Address** 6795 SW 71st Ave Lake Butler, FL 32054
- **License Number** TH0000928 **Installation Decal #** 301586

left message 10/6/09

PERMIT WORKSHEET

page 1 of 2

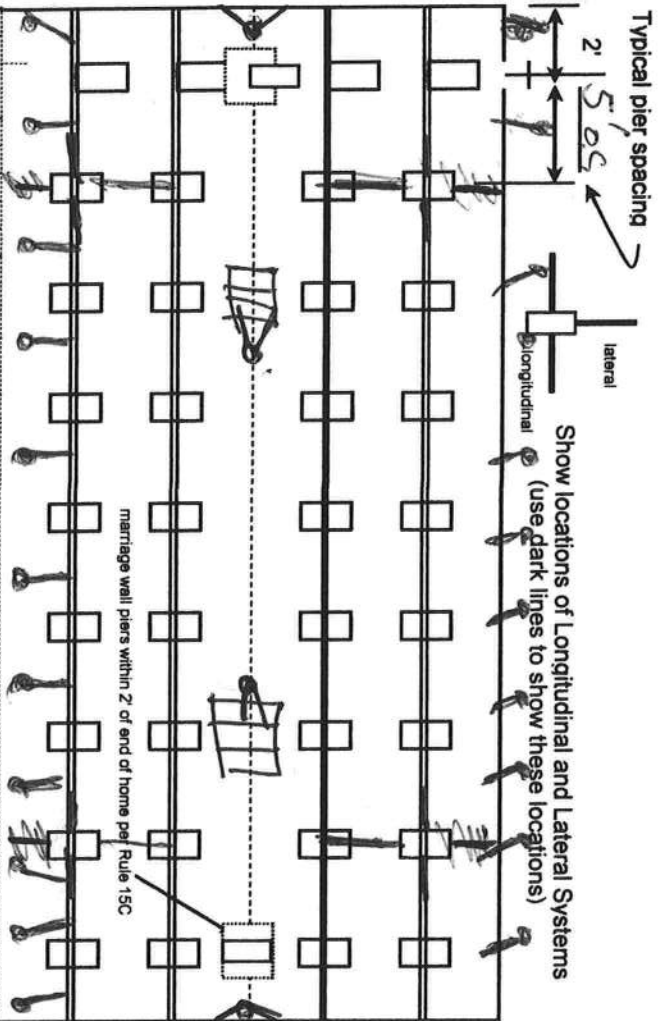
Installer Fernan Jones License # 1H0000928
 Manufacturer Fleetwood Length x Width 28' x 48'
 Name of Owner of this Mobile Home Mary Barnett
 Phone 352-858-2102
 Address 189 S.W. Butcherfield Pl Fort White, FL 32038

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

F.J.



New Home ☐ Used Home ☒ Year 1999
 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 # SN# FL070B2061200C21
 Triple/Quad ☐ Serial # SN# FL070B2061200C21

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4' 6"	6'	7'	8'	9'	10'	10'
2000 dsf	6'	8'	9'	10'	11'	12'	12'
2500 dsf	7' 6"	8'	9'	10'	11'	12'	12'
3000 dsf	8'	8'	9'	10'	11'	12'	12'
3500 dsf	8'	8'	9'	10'	11'	12'	12'

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

PIER PAD SIZES

I-beam pier pad size

20" x 20"

Perimeter pier pad size

16" x 16"

Other pier pad sizes (required by the mfg.)

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

15' 20' x 20"

ANCHORS

4 ft

5 ft

FRAME TIES

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

OTHER TIES

Number

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

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 Fernon Jones

Date Tested _____

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 under Pels.
Water drainage: Natural ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: Bolts Length: 1 1/2" Spacing: 2'
Walls: Type Fastener: Nail Length: 16" Spacing: 2'
Roof: Type Fastener: Bolts Length: 3/4" Spacing: 2'
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 F.J.

Type gasket _____ Installed: _____
Pg. _____ 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

Installer Signature Fernon Jones

Date 10/1/09



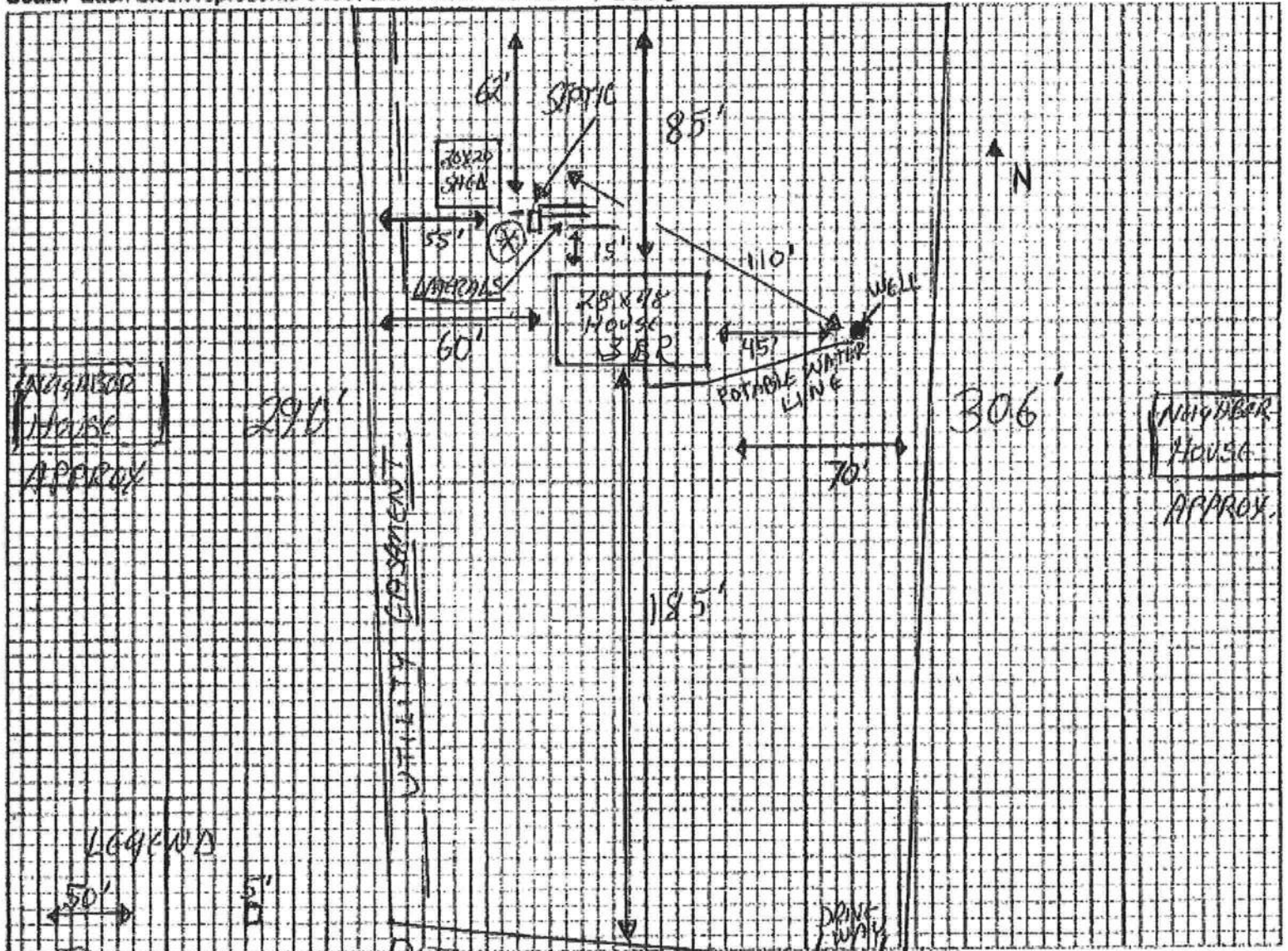
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet. 180.8'



Notes: SEPTIC LATRINALS
RUN NORTHEAST
DITCH IN ROAD RITE OF WAY
165.5'

Site Plan submitted by: my l B Signature

OWNER Title

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Fermon Jones, give this authority for the job address show below
Installer License Holder Name

only, 189 S.W. Rantuckett Pl Fort White, FL 32038, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
MARY E BARNETT		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

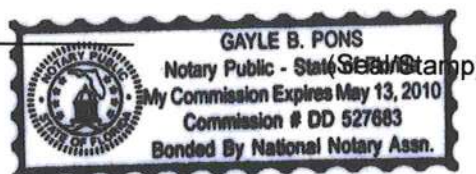
Fermon Jones
License Holders Signature (Notarized) License Number TH0000928 Date 10/1/09

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Fermon Jones, personally appeared before me and is known by me or has produced identification (type of I.D.) DL & Installer Lic on this 1 day of OCT., 2009.

Gayle B. Pons
NOTARY'S SIGNATURE



Columbia County Property Appraiser

DB Last Updated: 7/22/2009

2009 Preliminary Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 26-7S-16-04323-008

Owner & Property Info

Search Result: 1 of 1

Owner's Name	BARNETT GEORGE W & MARY C		
Site Address			
Mailing Address	P O BOX 2621 HIGH SPRINGS, FL 32643		
Use Desc. (code)	MISC RES (000700)		
Neighborhood	026716.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	0.000 ACRES		
Description	LOT 8 FAIRVIEW ESTATES S/D. ORB 444-193, 656-011, 685-147, 798-1256, 845-1304, 845-1305, PROB#02-318 H MEANS 1057-747, WD 1057-743, WD 1057-745.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$19,100.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$1,600.00
Total Appraised Value		\$20,700.00

Just Value	\$20,700.00
Class Value	\$0.00
Assessed Value	\$20,700.00
Exemptions	\$0.00
Total Taxable Value	County: \$20,700.00 City: \$20,700.00 Other: \$20,700.00 School: \$20,700.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
8/30/2005	1057/743	WD	I	U	01	\$100.00
8/12/2005	1057/745	WD	I	U	01	\$100.00
8/14/1997	845/1305	WD	I	Q		\$14,200.00
7/18/1994	798/1256	AG	I	U	13	\$11,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	1999	\$1,600.00	0000320.000	16 x 20 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	0000001.000 LT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$17,100.00	\$17,100.00

Attn: WeGgie

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000001765**

DATE: 10/08/2009

BUILDING PERMIT NO. 28128

APPLICANT MARY BARNETT

PHONE 352 258-2402

ADDRESS 189 SW NANTUCKETT PLACE

FT. WHITE

FL 32038

OWNER MARY BARNETT

PHONE 352 258-2402

ADDRESS 189 SW NANTUCKETT PLACE

FT. WHITE

FL 32038

CONTRACTOR FERMON JONES

PHONE 352 318-7711

LOCATION OF PROPERTY 47S, TR ON CR 138, TL NANTUCKETT, 10TH ON LEFT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT FAIRVIEW ESTATES

8

PARCEL ID # 26-7S-16-04323-008

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: *Mary Barnett*

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE
CULVERT WAIVER IS:

APPROVED

NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: *Does not need a culvert*

SIGNED: *James Thomas*

DATE: *10-16-09*

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

135 NE Hernando Ave., Suite B-21
Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

OCT 16 2009



386 758 2160
DHW: CLEW

Newberry

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME Mary Barnett PHONE 386-454-3301 CELL 386
INSTALLER Fernon Jones PHONE 352-318-4711 CELL Same
INSTALLERS ADDRESS 6795 SW 71st Ave Lake Butler, FL 32057

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1989 SIZE 28 x 48
COLOR white SERIAL No. FLU170B206642W001 A+B
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS good
DOORS good
WALLS good
CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDING good
WINDOWS good
DOORS good

INSTALLER:
APPROVED yes NOT APPROVED _____

NOTES: One ceiling repair

INSTALLER OR INSPECTORS PRINTED NAME Fernon Jones

Installer/Inspector Signature Fernon Jones License No. TH0000728 Date 10/1/09

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2031 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Scott A. Powell Date 10-2-09

NO 2nd PERM

386 - 758 2160

Newberry

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua

OWNERS NAME Mary Barnett PHONE 386-454-3301 CELL 386

INSTALLER Fernon Jones PHONE 352-318-4711 CELL Same

INSTALLERS ADDRESS 6795 S.W. 71st Ave Lake Butler, FL 32054

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1999 SIZE 28 X 48

COLOR white SERIAL No. FLW70B26642WC21 A+B

WIND ZONE TL SMOKE DETECTOR yes

INTERIOR:

FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:

WALLS / SIDING good

WINDOWS good

DOORS good

INSTALLER:

APPROVED yes NOT APPROVED _____

NOTES: one ceiling repair

INSTALLER OR INSPECTORS PRINTED NAME Fernon Jones

Installer/Inspector Signature [Signature] License No. TH0000928 Date 10/1/09

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

**GO DE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

*On Monday
10-5-09*

DATE RECEIVED 10-2-09 BY CP IS THE M/H IN THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
 OWNERS NAME MARY BARNETT PHONE _____ CELL 352 258-2402
 ADDRESS 189 SW Nantuckett, Ft. White, FL
 MOBILE HOME PARK _____ SUBDIVISION _____
 DRIVING DIRECTIONS TO MOBILE HOME 475, TL on CR 138, TL
Nantuckett, 10th lot on left (3rd from end)

MOBILE HOME INSTALLER Felmon Jones PHONE 352 318-1711 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1979 SIZE 28 x 48 COLOR White
 SERIAL No. FLW70B 26642WC.1 A+B
 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 () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED / BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: Repair Living Room Ceiling
 NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Anthony A. Powell ID NUMBER 402 DATE 10-5-09



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

09-0504E
PERMIT NO. 938061
DATE PAID: 10/10/09
FEE PAID: 185.00
RECEIPT #: 1189456

APPLICATION FOR:

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

APPLICANT: MARY C. BARNETT or George W. Barnett

AGENT: SAME TELEPHONE: 386-454-3301

MAILING ADDRESS: PO Box 2621 High Springs 32655

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: #8 BLOCK: SUBDIVISION: FAIRVIEW ESTATES PLATTED: 118

PROPERTY ID #: 26-75-16-04323-008 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.24 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 189 S.W. NANTUCKET, FORT WHITE FLA, 32038

DIRECTIONS TO PROPERTY: Hwy 27 TO CR 138 TO Normandy go Right
TO NANTUCKET go Left 3rd PROPERTY ON Right.

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>mobile Home</u>	<u>3</u>	<u>1400</u>	<u>Original Attached</u>
2				
3				
4				

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

SIGNATURE: [Signature] DATE: oct. 2. 2009



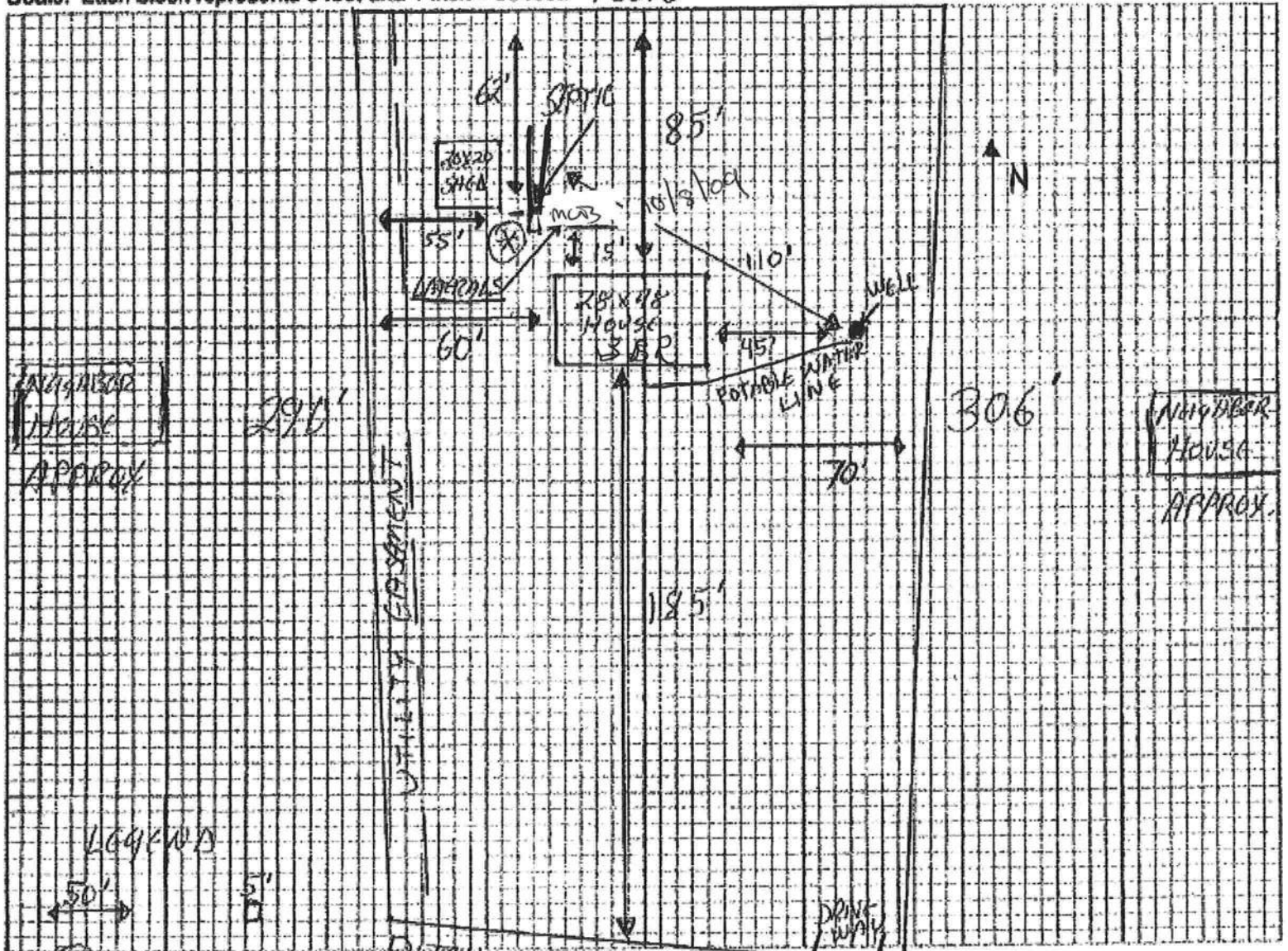
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0504E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet. 180.8'



Notes: SEPTIC LATERALS
RUN NORTHEAST

Site Plan submitted by: [Signature]
Signature
Plan Approved ☒ Not Approved ☐
By Sally Ford - EMColumbia CHD

OWNER
Date 10.8.09
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT