

SW ANSWER NEEDED (US TOWN WILL call back TN) 5/30/13
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 20 MAY 2013 Building Official TM 5/17/13
AP# 1305-43 Date Received 5/17 By TM Permit # 2015/31098
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments _____
FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13-0295 ☒ 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 (owner)
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 03-75-17-09880-002 Subdivision N/A

- New Mobile Home _____ Used Mobile Home ☒ MH Size 28 x 66 Year 1994
- Applicant Fermon Jones / Gayle Eddy Phone # 352 318 4812 4711
- Address 6795 SW 71st Ave Lake Butler FL 32054
- Name of Property Owner William Pearson Phone # Gayle Eddy 352 494 2326 contact agent
- 911 Address * 656 SE OLD BELLAMY RD S, 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 Walter & June Thor Phone # 352 222 0015
Address 313 SW Heritage Ct. Lake City FL 32024
- Relationship to Property Owner NONE / Buying Property
- Current Number of Dwellings on Property 0
- Lot Size 679.68' x 1300' Approx. Total Acreage 19.88
- 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 _____
- Driving Directions to the Property 441S to (R) on Old Bellamy Rd. 6/10 of mile on Right. drive to rear of property
- Name of Licensed Dealer/Installer Fermon Jones Phone # 352 318 4711
- Installers Address 6795 SW 71st Ave Lake Butler, FL 32054
 - License Number IH 1025418 Installation Decal # 15481

FW spoke Fermon 5.22.13 on all issues...
FW spoke w/ Ms. Thor 5.30.13

\$569.85

ck: 6068

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer

Fernon Jones

License #

TH1025418

911 Address where home is being installed.

Applied for

03-73-17-09880-002

Manufacturer

CHAD

Length x width

66 x 28

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.

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'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
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

17x25

Perimeter pier pad size

16x16 Dec

Other pier pad sizes (required by the mfg.)

12x14

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' (A)

17x25

17' (B)

17x25

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Chover Tech

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

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

X 2500 X 1500 X 2500

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 2500 X 2500 X 2500

TORQUE PROBE TEST

The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 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.

FUT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Fernon Jones

Date Tested 5/16/13

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. 15-c

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15-c

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15-c

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 6" lag Length: 6" Spacing: 24"
Walls: Type Fastener: 1/2" lag Length: 6" Spacing: 24"
Roof: Type Fastener: 1/2" lag Length: 6" Spacing: 24"
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 FUT

Type gasket Roller Foam Installed:

Pg. 15-c 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 ☒

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Fernon Jones

Date 5-16-13



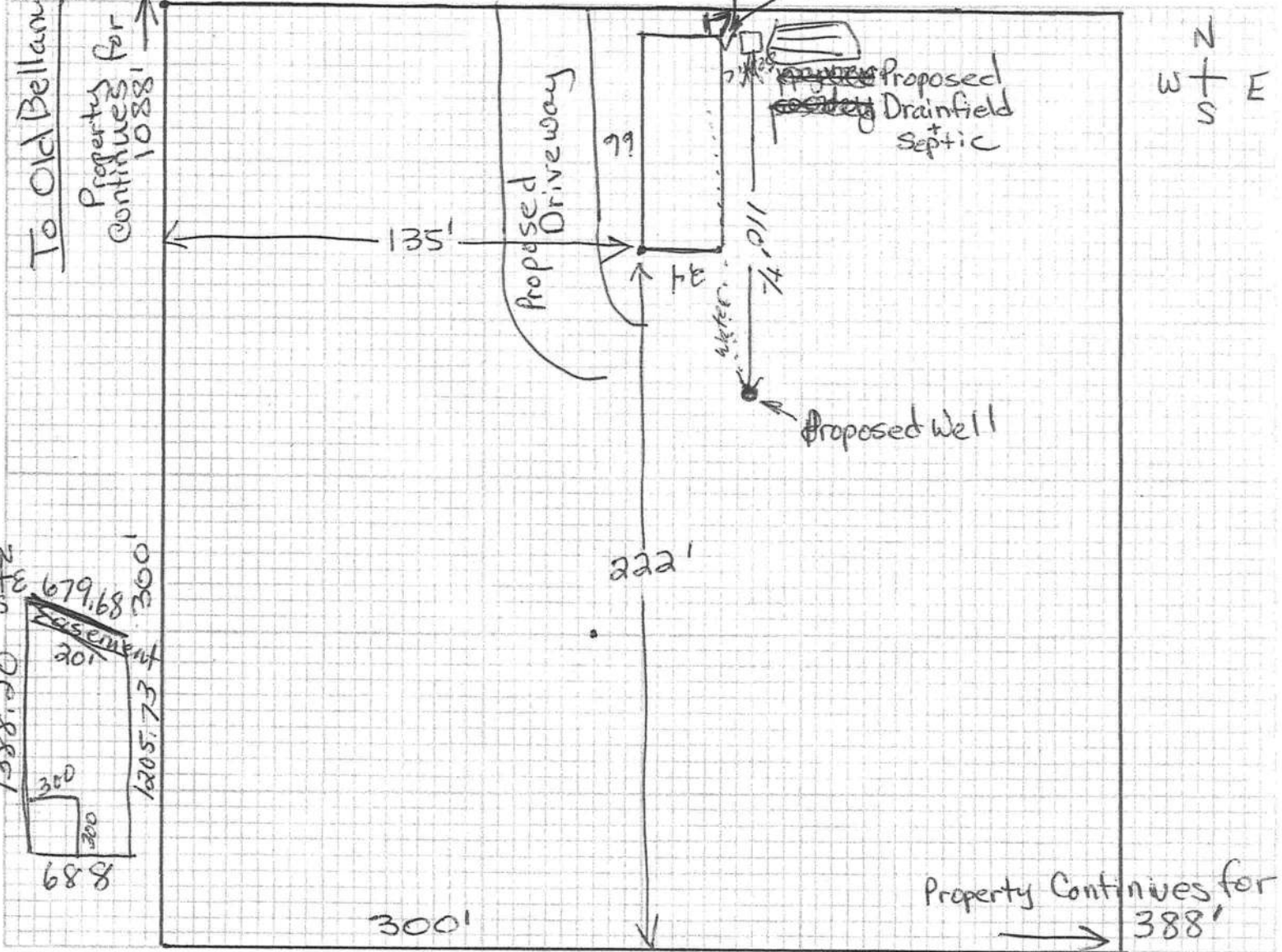
STATE OF FLORIDA
DEPARTMENT OF HEALTH

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.



Notes: rear of property (South) 300'x300' corner.

Site Plan submitted by: Yogi Eddy

Signature

Agent

Title

Plan Approved _____

Not Approved _____

Date _____

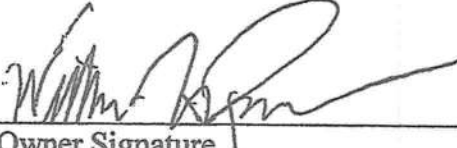
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

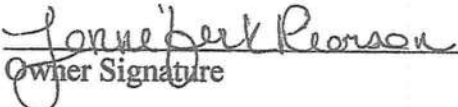
05/14/2013

To Whom It May Concern,

Please consider this letter as acknowledgement and permission for Gayle Eddy to act as an authorized agent for William H. & Jennifer K. Pearson regarding the application for permits pertaining to the property located at SW Old Bellamy Road, High Springs, FL, Columbia county tax parcel #03-7S-17-09880-002.


Owner Signature


5/15/13
Date


Owner Signature

5.15.13
Date

Sworn to and subscribed before me this 15th day of May, 2013. This

(These) person(s) are personally known to me or produced ID _____
(Type)


Notary Public Signature

Notary Printed Name

Notary Stamp/



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), JENNIFER K. & WILLIAM H. PEARSON,
as the owner of the below described property:

Property tax Parcel ID number 03-75-17-09880-002

Subdivision (Name, lot, Block, Phase) _____

Give my permission for JUNE & WALT THON to place a

Circle one: Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home.

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

William H. Pearson
Owner Signature

5/14/13
Date

Jennifer K. Pearson
Owner Signature

5/14/13
Date

Owner Signature

Date

Sworn to and subscribed before me this 14th day of May, 2013. This

(These) person(s) are personally known to me or produced ID _____
(Type)

[Signature]
Notary Public Signature



Notary Stamp/

MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statue Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Fermon Jones, License No., IH 1025418
Please Type or Print

do hereby state that the installation of the manufactured home at:

Prop. Id # 03-7S-17-09880-002

911 Address of the Job site

Will be done under my supervision.

Fermon Jones
Signature

Sworn to and subscribed before me this 6 day of May 2013.

Notary public: Teresa Joyner, My commission Expires: 4/12/14
Signature Date

Personally Known: ✓

Produce Valid Identification: _____

Stamp or seal





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, Property ID # 03-75-17-09880-002, 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)
✓ Gayle Eddy	<i>Gayle Eddy</i>	<input checked="" 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
		<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)

TH1025918 5/16/13
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

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.) known by me on this 16 day of May, 2013.

Patricia Ann Benefield
NOTARY'S SIGNATURE



(Seal/Stamp)

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

1305-43

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME Walter + June Thon PHONE CELL 352 222 0015
INSTALLER Fermon Jones PHONE CELL 352 318 4711
INSTALLERS ADDRESS 6795 SW 71st Ave Lake Butler, FL 32051
Agent Gayle Eddy 352 494 2326

MOBILE HOME INFORMATION

MAKE CHAD YEAR 1994 SIZE 28x66 x 166
COLOR Blue SERIAL No. GAFLR05A21804CW
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 ☒ NOT APPROVED ☐

INSTALLER OR INSPECTORS PRINTED NAME Fermon Jones
Installer/Inspector Signature Fermon Jones License No. IH1025418 Date 5/16/13
NOTES:

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Jay Chen Date 5-17-13
called Fermon 5-17-13 told him to move to County

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/28/13 BY LH ¹³⁰⁵⁻⁴³ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Walter & June Thon PHONE _____ CELL 352-222-0015

ADDRESS Heritage Ct Lake City Fl 32055

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 S Old Bellamy Rd, go 6/10 mile
on R drive to rear of property

MOBILE HOME INSTALLER Fernon Jones PHONE _____ CELL 352-318-4711

MOBILE HOME INFORMATION

MAKE Chad YEAR 94 SIZE 66 x 28 COLOR White Blue

SERIAL No. GAFLR 05A21804 CW

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

\$50.00

Date of Payment: 5/17/13

Paid By: G. Eddy

Notes: Out of County

Approved

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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay Car ID NUMBER 306 DATE 5-29-13

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

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.

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

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.

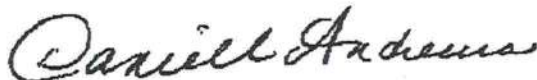
**Andrews Site Prep, Inc.
8230 SW State Road 121
Lake Butler, Fl. 32054
386-867-0572
Well Lic # 2688**

May 29, 2013

To: Columbia County Building Department

We will be drilling a well for customer William Pearson located at SW Old Bellamy Rd., High Springs, Fl. Parcel # 03-7S-17-09880-002. The well should go approximately 90 feet with a casing depth of 70 feet. We will install a 1hp aermotor submersible pump and a 32 gallon challenger bladder tank.

Thank you,

A handwritten signature in cursive script that reads "Danielle Andrews".

Danielle Andrews

Gayle Eddy
Fax sent by : 3522657251
Fax from : 386 496 2927

UFP

386-496-2927

05-16-13 16:33

p.4

Pg: 2/2

05-15-13 20:05

Pg: 1

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1305-43 CONTRACTOR Fernan Jones PHONE 352 318 4711

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>Walt Thon / Homeowner</u> License #:	Signature <u>Walt Thon</u> Phone #:
MECHANICAL/ A/C	Print Name <u>Walt Thon / Homeowner</u> License #:	Signature <u>Walt Thon</u> Phone #:
PLUMBING/ GAS	Print Name <u>Walt Thon / Homeowner</u> License #:	Signature <u>Walt Thon</u> Phone #:

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's 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 Form: Subcontractor Form 1/11



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

PERMIT NO. 13-2495
DATE PAID: 5/17/13
FEE PAID: 425.00
RECEIPT #: 1108328

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: William H & Jennifer K. PearsonAGENT: Gayle EddyTELEPHONE: 352 494 2326MAILING ADDRESS: 10237 SW 40TH Terr Lake Butler FL 32054

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. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 03-7S-17-09880-002 ZONING: A1 I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 20 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: Applied to 911-

DIRECTIONS TO PROPERTY: 441 to Old Bellamy Rd (L) go 6/10 of mile
property is on Right. drive to South/West corner to site.

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>1848</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Gayle EddyDATE: 5-17-13



STATE OF FLORIDA DEPARTMENT OF HEALTH

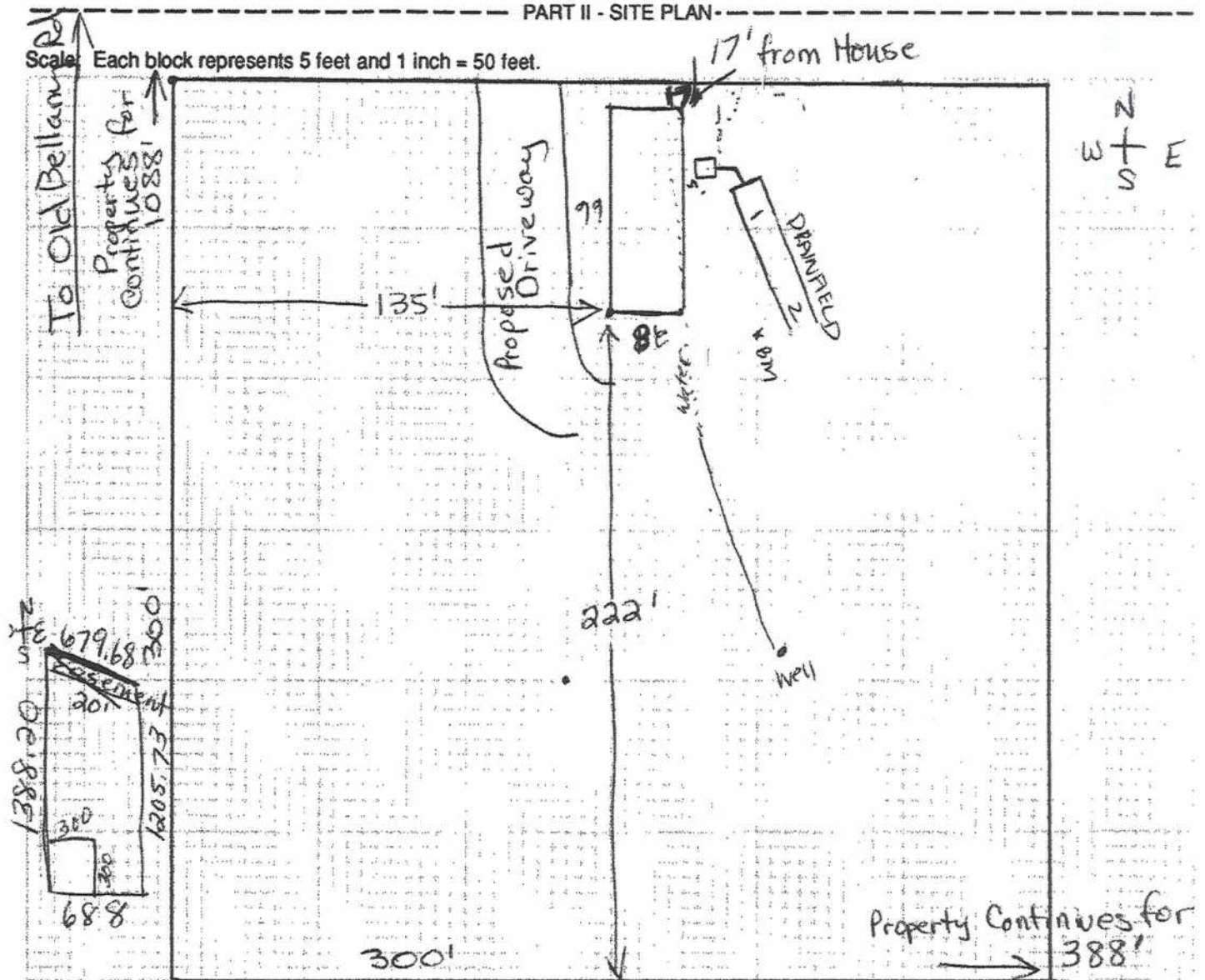
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

13-0295

PART II - SITE PLAN

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



Notes: rear of property (South) 300' x 300' corner.

REVISED
5/31/13
Hayfe Eddy

Site Plan submitted by:

Hayfe Eddy

Signature

Agent

Title

Plan Approved ☒Not Approved ☐

Date 6-4-13

By

Salbi Ford Env Health Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Att: Connie



**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000002015**

DATE: 05/31/2013

BUILDING PERMIT NO. 31098

APPLICANT GAYLE EDDY

PHONE 352-318-4711

ADDRESS 6795 SW 71ST AVE

LAKE BUTLER

FL 32054

OWNER WILLIAM PEARSON/THON

PHONE

ADDRESS 656 SE OLD BELLAMY RD

HIGH SPRINGS

FL 32643

CONTRACTOR PERMON JONES

PHONE 352-318-4711

LOCATION OF PROPERTY 441 S, R OLD BELLAMY RD, 6/10 MILE ON RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT

PARCEL ID # 03-75-17-09880-002

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.

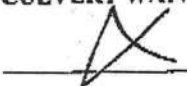
SIGNATURE: Gayle Eddy

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: No ditches along dirt road.

SIGNED: Greg W. Eddy

DATE: 6/4/13

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



Att: Connie

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000002015**

DATE: 05/31/2013 BUILDING PERMIT NO. 31098

APPLICANT GAYLE EDDY PHONE 352-318-4711

ADDRESS 6795 SW 71ST AVE LAKE BUTLER FL 32054

OWNER WILLIAM PEARSON/THON PHONE _____

ADDRESS 656 SE OLD BELLAMY RD HIGH SPRINGS FL 32643

CONTRACTOR FERMON JONES PHONE 352-318-4711

LOCATION OF PROPERTY 441 S, R OLD BELLAMY RD, 6/10 MILE ON RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT _____

PARCEL ID # 03-7S-17-09880-002

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: Gayle Eddy

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:

X APPROVED _____ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: No ditches along dirt road.

SIGNED: Greg W. King DATE: 6/4/13

★
File by
US 8/13
6.4.13

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

