DATE 01/13/2005

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000022694

APPLICANT MICHELLE JACOBI PHONE 497.5101

ADDRESS 1383 SE ADAMS STREET HIGH SPRINGS FL 32643

OWNER DAVID & MICHELLE JACOBI PHONE 497.5101

ADDRESS 1383 SE ADAMS STREET HIGH SPRINGS FL 32643

CONTRACTOR VIC ETHERIDGE PHONE 386.462.7554

LOCATION OF PROPERTY 441-S TO ADAMS STREET,TL GO ALL THE WAY UNTIL YOU ALMOST REACH THE END OF ROAD ON L,2ND TO LAST DRIVEWAY.

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA TOTAL AREA HEIGHT .00 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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 11-7S-17-09983-004 SUBDIVISION BICENTENNIAL ACRES

LOT 8 BLOCK PHASE UNIT 1 TOTAL ACRES 5.00

		IH0000144	Michelle Jacobi	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	04-1250-E	BLK	RK	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1 FOOT ABOVE ROAD
REPLACEMENT ONLY. ASSESSMENTS CHARGED.

Check # or Cash 1012

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by

Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by

Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by

Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE $ .00 CERTIFICATION FEE $ .00 SURCHARGE FEE $ .00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ WASTE FEE $

FLOOD ZONE DEVELOPMENT FEE $ CULVERT FEE $ **TOTAL FEE** 250.00

INSPECTORS OFFICE CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

22694

For Office Use Only Zoning Official BLK 12.01.05 Building Official 1-8-05

AP# 0412-89 Date Received 12-30-04 By GT Permit #

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

Comments

FEMA Map # Elevation Finished Floor River In Floodway

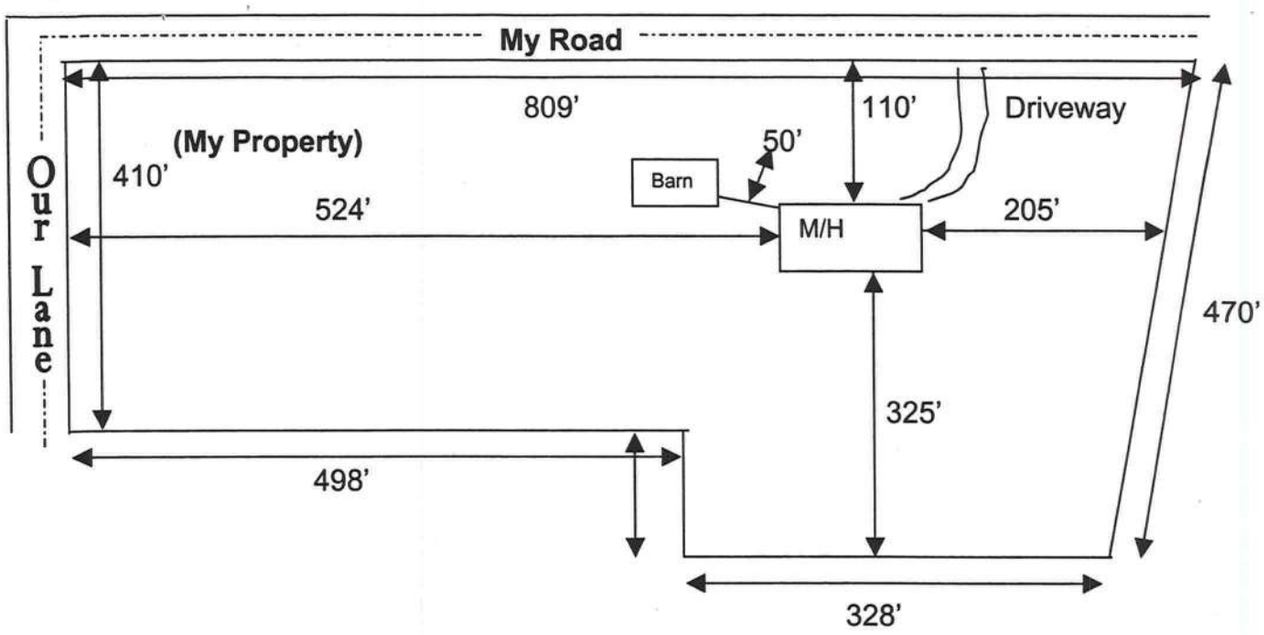
☑ Site Plan with Setbacks shown ☑ Environmental Health Signed Site Plan ☐ Env. Health Release

☐ Well letter provided ☑ Existing Well

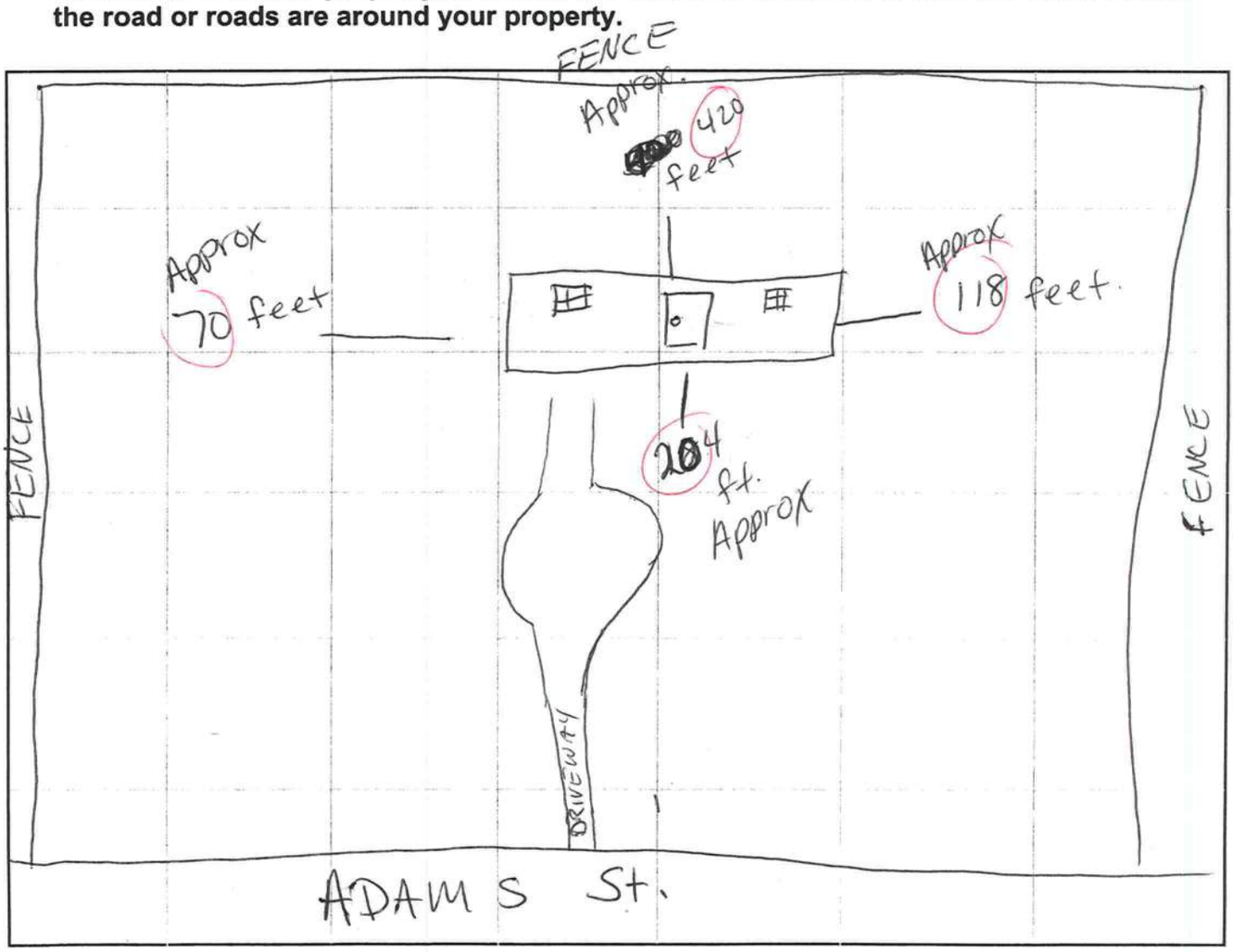
Revised 9-23-04

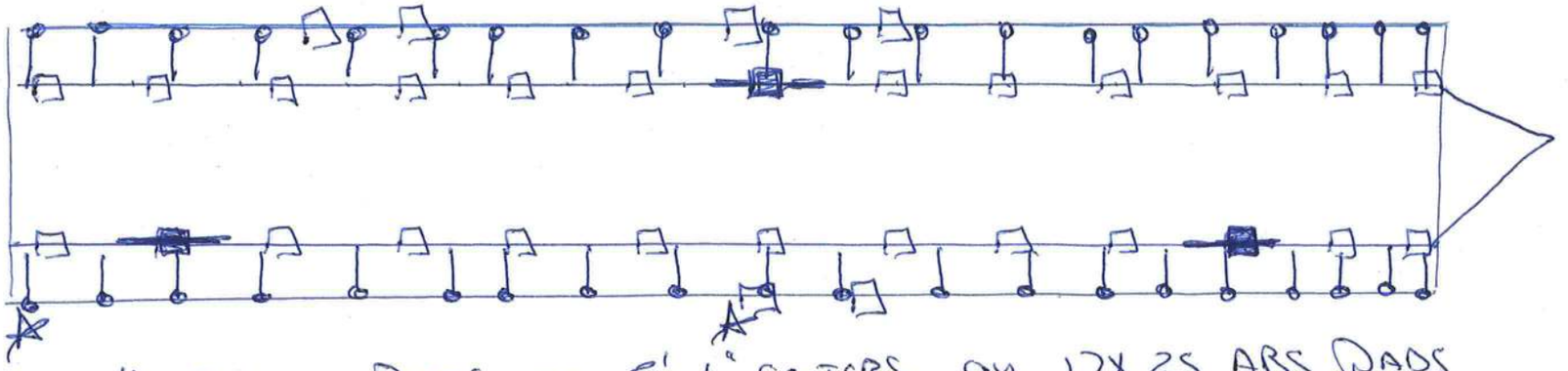
- Property ID 11-7S-17-09983-004 Must have a copy of the property deed
- New Mobile Home ____ Used Mobile Home X Year 1996
- Subdivision Information Lot 8 Block: Bicentennial Acres Unit 1
- Applicant David & Michelle Jacobi Phone # 386-497-5101
- Address 1383 SE Adams St. High Springs Fl 32643
- Name of Property Owner David Jacobi Michelle Shrader Phone# 386-497-5101
- 911 Address 1383 SE Adams St. High Springs. Fl. 32643
- Circle the correct power company – FL Power & Light – (Clay Electric)
  (Circle One) – Suwannee Valley Electric – Progressive Energy
- Name of Owner of Mobile Home David & Michelle Jacobi Phone # 386-497-5101
- Address 1383 SE Adams St. High Springs, Fl. 32643
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size ~~210/605~~ 346 X 630 Total Acreage 5
- Do you : Have an (Existing Drive) or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions Go 441 S to Adams St on Left go all the way until you almost reach the end of rd. on Left 2nd to last driveway.
- Is this Mobile Home Replacing an Existing Mobile Home (Yes) (Assessments pd)
- Name of Licensed Dealer/Installer Vic Ethridge Phone # 462-7554
- Installers Address
- License Number IH0000144 Installation Decal # 232622

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 road or roads are around your property.





1000 lb Soil PIERS on 5' 1" CENTERS on 17X 25 ABS PADS

160 lbs TORQUE 5' ANCHOR on 5' 4" CENTERS OR LESS

Tie Down in Dustries Longitudal STABILIZER Devices

Soil TEST

PERMIT WORKSHEET

PERMIT NUMBER _____

PAGE 05

Installer Vic Ethridge License # IH0000114

Address of home being installed _____

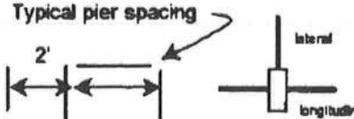
Manufacturer Norton Length x width 14x70

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***

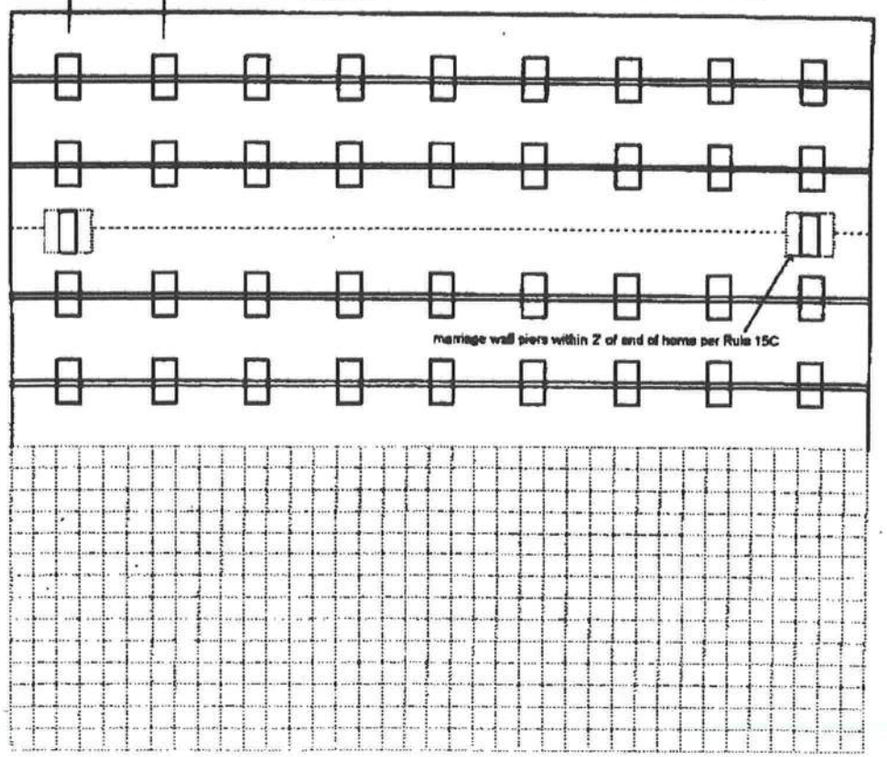
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials VE

Typical pier spacing



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



BLDG AND ZONING 3867582160 12/26/2004 17:25

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 # 232622

Triple/Quad ☐ Serial # H115585G

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

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

PIER PAD SIZES

I-beam pier pad size 5½" 17x25

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16x16

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. N/A

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

Opening	Pier pad size
N/A	

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 _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Tie Down Industries

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer N/A

OTHER TIES

	Number
Sidewall	20
Longitudinal	
Marriage wall	
Shearwall	

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

X 1000 X 1000 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 160 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.

VE Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Vic Ethridge

Date Tested 12-28-04

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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 ✓
Water drainage: Natural ____ ✓ Swale ____ Pad ____ Other ____

Fastening multi wide units

Floor:	Type Fastener:	N/A	Length: ____	Spacing: ____
Walls:	Type Fastener:	N/A	Length: ____	Spacing: ____
Roof:	Type Fastener:	____	Length: ____	Spacing: ____

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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 VE

Type gasket N/A
Pg. _____

Installed:
Between Floors Yes N/A
Between Walls Yes N/A
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 N/A

Miscellaneous

Skirting to be installed. Yes ____ No ____
Dryer vent installed outside of skirting. Yes ____ N/A ____
Range downflow vent installed outside of skirting. Yes ____ N/A ____
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Vic Ethridge Date 12-28-04

CAM112M01 S CamaUSA Appraisal System Columbia County
12/29/2004 10:43 **Legal Description Maintenance** **26750 Land 003**
Year T Property Sel **AG 000**
2005 R 11-7S-17-09983-004 .. **13060 Bldg 001 ***
1383 ADAMS ST SE HIGH SPRINGS **1300 Xfea 002 ***
HX **JACOBI DAVID L &** **41110 TOTAL B***

1	LOT 8 BICENTENNIAL ACRES UNIT . 1. ORB 500-615,, 657-567,.....	2
3	812-968,, 969,, 911-223,..... JTWRS 925-2634,.....	4
5	....	6
7	....	8
9	....	10
11	....	12
13	....	14
15	....	16
17	....	18
19	....	20
21	....	22
23	....	24
25	....	26
27	....	28

Mnt **5/17/2001 TERRY**

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

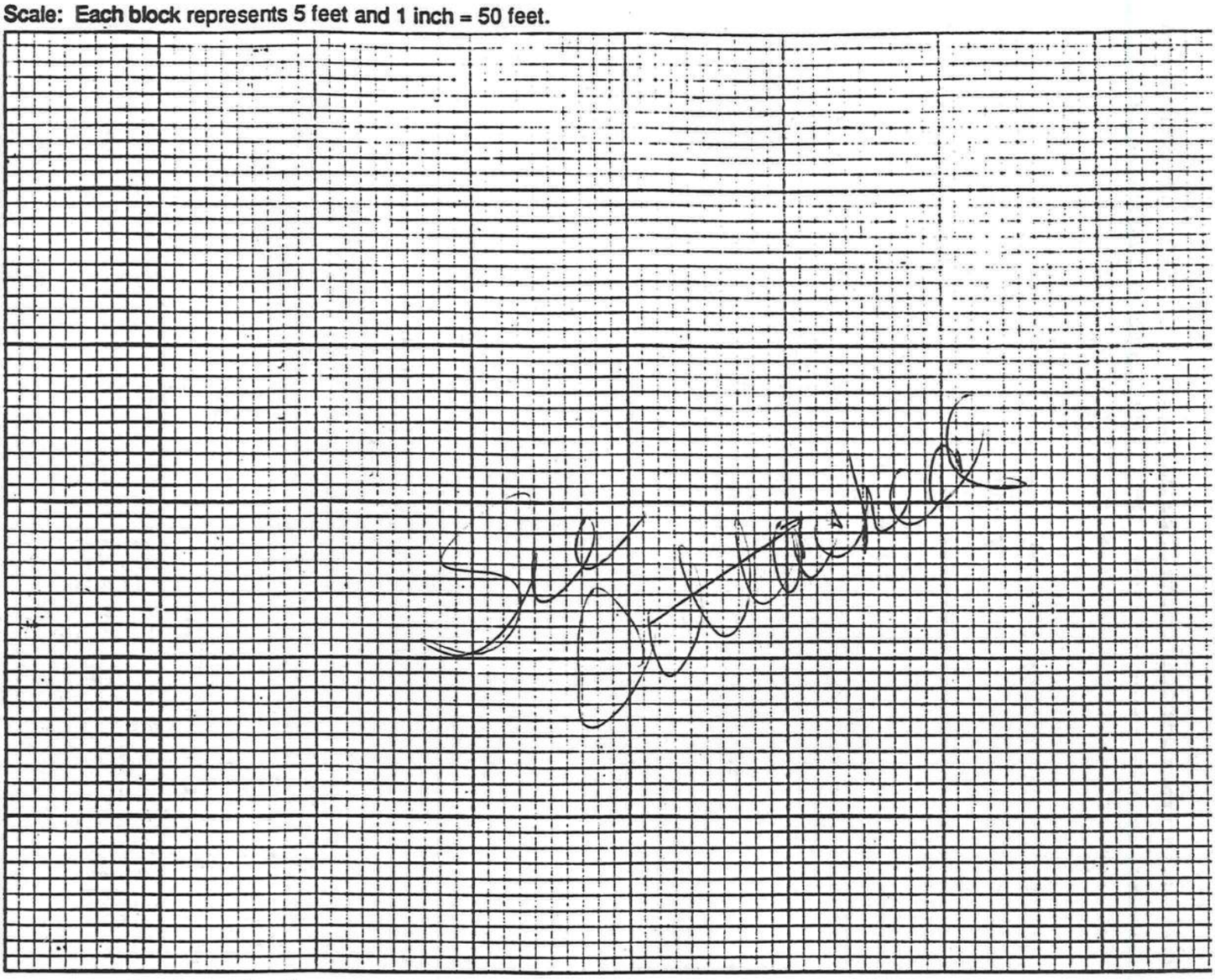
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-1250-E

Jacobi

PART II - SITE PLAN

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



Notes: 12/29/04

New 14x70 MH being placed exactly same place as old one. See attached MSL said no pump-out needed just existing

Site Plan submitted by: Michelle Jacobi (Signature) _____ (Title)

Plan Approved ✓ Not Approved _____ Date 12-29-0

By _____ 1-5-04 Columbia County Health Departi

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-0)

AAA
MOBILE HOME TRANSPORT

Phone (352) 372-1366
Home (386) 462-7554
Mobile (352) 316-0953
State Lic# IH0000144
Vic Etheridge Owner/Operator

DATE 12/29/04

NAME OF LICENSE HOLDER Vic Etheridge

LICENSE CERTIFICATE # IH0000144

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER

NAME(S) : PLEASE PRINT	SIGNATURE(S):	RELATIONSHIP
Michelle Jacobi	Michelle Jacobi	
David Jacobi	David Jacobi	

Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months 12-29-04)

The foregoing instrument was acknowledged before me this 28th day of December, 2004

by Vic Etheridge who is personally known to me or has produced

identification Type of Identification _____ # _____

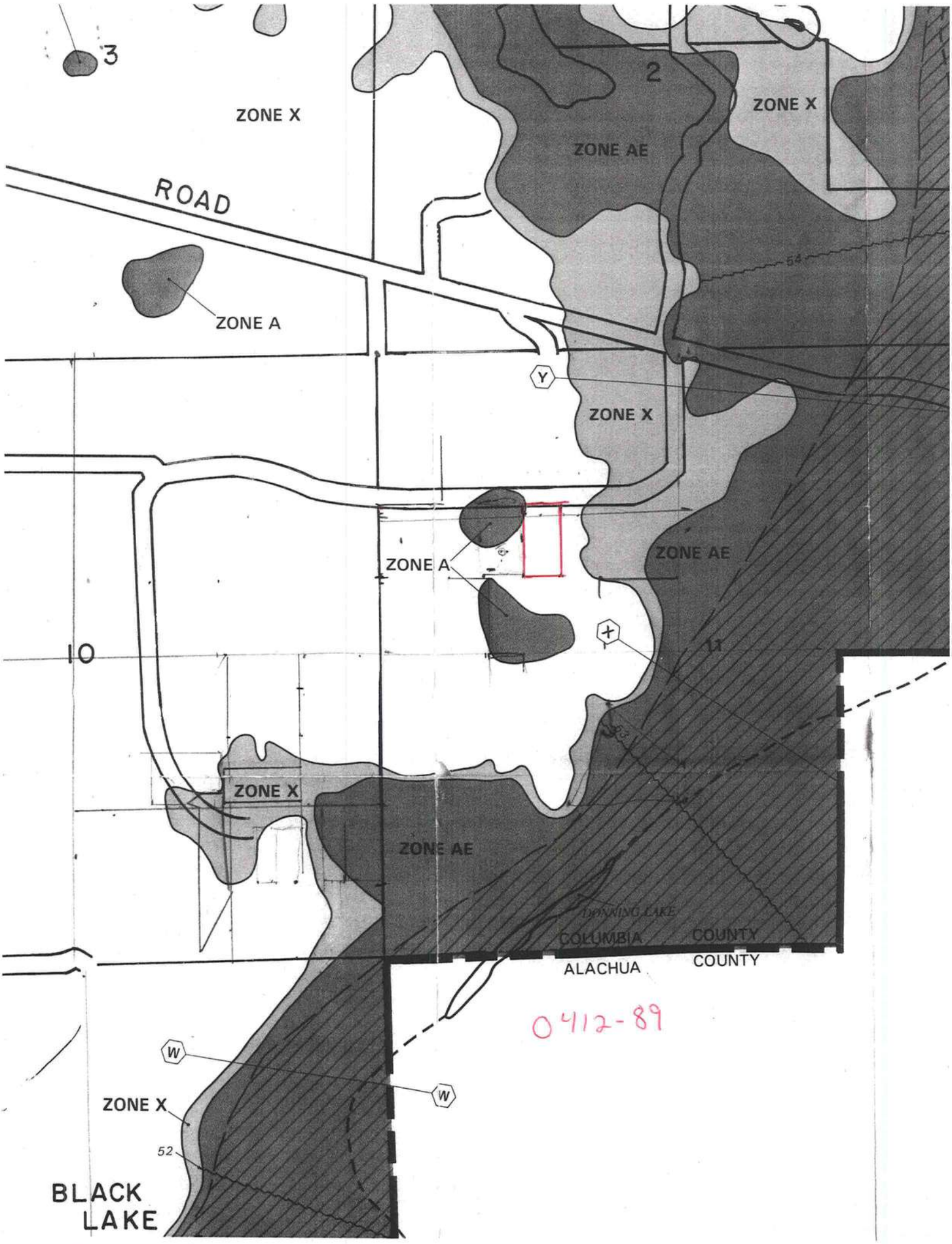
Signature of License Holder Vic Etheridge

Signature of Notary: Deborah G Morrison

Commission # & Seal/Stamp:

DEBORAH G. MORRISON
Notary Public, State of Florida
My comm. exp. Jan. 24, 2007
Comm. No. DD 171205

PLICN AUTHFORM
REV 05/20.02 - LMF


3
ZONE X
2
ZONE X
ZONE AE
ROAD
54
ZONE A
Y
ZONE X
ZONE AE
ZONE A
10
11
ZONE X
ZONE AE
53
DOWLING LAKE
COLUMBIA COUNTY
ALACHUA COUNTY
0412-89
W
W
ZONE X
52
BLACK LAKE

DEPARTMENT OF
CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12/29/04 BY GT

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Michelle Jacobi PHONE 497-5101 CELL _____

911 ADDRESS 1383 SE Adams St, High Springs

MOBILE HOME PARK _____ SUBDIVISION Bicentennial Acres, Lot 8

DRIVING DIRECTIONS TO MOBILE HOME 441S, TL on Adams, 2nd to last driveway on left.

CONTRACTOR Vic Etheridge PHONE 462-7554 CELL _____

MOBILE HOME INFORMATION

MAKE Horton YEAR 1996 SIZE 14 X 70

COLOR White/Black SERIAL No. H 1155856

WIND ZONE II Shutters SMOKE DETECTOR ~~yes~~ No

INTERIOR:
FLOORS ✓
DOORS ✓
WALLS
CABINETS ✓
ELECTRICAL (FIXTURES/OUTLETS)

EXTERIOR:
WALLS / SIDDING ✓
WINDOWS ✓
DOORS ✓

STATUS:
APPROVED ✓ WITH CONDITIONS: must have smoke detectors

NOT APPROVED _____ NEED REINSPECTION _____

INSPECTOR SIGNATURE [signature] NUMBER 306