

# New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525

This form is completed by the licensed Pest Control Company.

**Public reporting burden** for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Company and builder, unless stated otherwise.

# 3/008

## Section 1: General Information (Pest Control Company Information)

Company Name Aspen Pest Control, Inc.  
Company Address P.O. Box 1795 City Lake City State FL Zip 32056  
Company Business License No. JB182948 Company Phone No. 386-755-3611  
FHA/VA Case No. (if any) \_\_\_\_\_

## Section 2: Builder Information

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

## Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 1400 Wood Ave SE, Lake City, FL 32056

## Section 4: Service Information

Date(s) of Service(s) \_\_\_\_\_  
Type of Construction (More than one box may be checked) ☐ Slab ☐ Basement ☐ Crawl ☐ Other \_\_\_\_\_

Check all that apply:

- ☐ A. Soil Applied Liquid Termiticide  
Brand Name of Termiticide: \_\_\_\_\_ EPA Registration No. 279-2177  
Approx. Dilution (%): \_\_\_\_\_ Approx. Total Gallons Mix Applied: \_\_\_\_\_ Treatment completed on exterior: ☐ Yes ☐ No
- ☐ B. Wood Applied Liquid Termiticide  
Brand Name of Termiticide: \_\_\_\_\_ EPA Registration No. \_\_\_\_\_  
Approx. Dilution (%): \_\_\_\_\_ Approx. Total Gallons Mix Applied: \_\_\_\_\_
- ☐ C. Bait System Installed  
Name of System \_\_\_\_\_ EPA Registration No. \_\_\_\_\_ Number of Stations Installed \_\_\_\_\_
- ☐ D. Physical Barrier System Installed  
Name of System \_\_\_\_\_ Attach installation information (required)

Service Agreement Available? ☐ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) \_\_\_\_\_

Comments \_\_\_\_\_

Name of Applicator(s) \_\_\_\_\_ Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form NPCA-99-B may still be used

form HUD-NPMA-99-B

Reorder Product #2581 From \* CROWNMAX \* 1-800-252-4011

CH 213

☒ Blocking Diag. from Robert

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official OK 23 April 2013 Building Official Tr 4/22/13

AP# 1304-39 Date Received 4/15/13 By LH Permit # 31008

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

Comments Section 2-8-8 Mobile Home Parks Replacing existing MH

FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 13-0238-E ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Needs David Signature ☒ Installer Authorization NA State Rd Access ☒ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH NA ☐ W Comp. letter ☒ App Fee Pd ☒ FV Form

IMPACT FEES: EMS NA Fire NA Corr NA Out County ☒ In County ☒ PD ☒ w/c for Moseley

Road/Code NA School NA = TOTAL NA Suspended March 2009 NA Ellisville Water Sys

Property ID # 34 45 17 08980-000 Subdivision Lot 447

▪ New Mobile Home ☐ Used Mobile Home ☒ MH Size 14x76 Year 1996

▪ Applicant David Morrell Phone # 386-365-7690

▪ Address 212 SW Cottage Glen Lake City, FL 32024

▪ Name of Property Owner Olisa Properties, LLC Phone# 386-365-7690

▪ 911 Address 447 SE Doe Glen Lake City, FL 32025

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home Olisa Properties LLC Phone # 386-365-7690

Address 212 SW Cottage Glen Lake City, FL

▪ Relationship to Property Owner Manager

▪ Current Number of Dwellings on Property 9

▪ Lot Size NA Total Acreage 19.50

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home Yes - NA

▪ Driving Directions to the Property 41 South go 100 yds past 133C (Hopewell Church Road) turn left on Doe Glen. 1st Mobile Home on left

▪ Name of Licensed Dealer/Installer Robert Shepard Phone # 623-2203

▪ Installers Address 6355 SE CR 245 Lake City FL 32025

▪ License Number EH 1025386 Installation Decal # 29765

Called David 4-15-13 to advise what was needed.  
Rec'd Blocking Diagram 4-18-13

Two spots by Dave 4.24.13  
\$525.00



# 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 Robert Sheppard License # TH 1025386

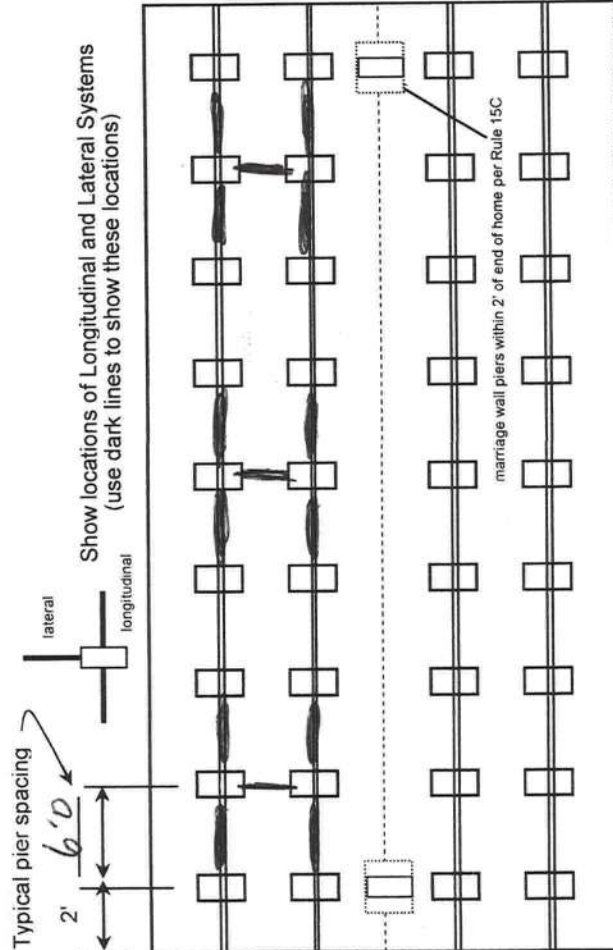
911 Address where home is being installed. 447 SE Ave New Columbia SC 29025

Manufacturer West Length x width 14x76

NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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

Installer's initials RS



New Home ☐ Used Home ☒  
Home installed to the Manufacturer's Installation Manual ☒  
Home is installed in accordance with Rule 15-C ☐  
Single wide ☒ Wind Zone II ☒ Wind Zone III ☐  
Double wide ☐ Installation Decal # 29765  
Triple/Quad ☐ Serial # GAFIA 07A3Y898W222

## 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'	4'	5'	6'	7'	8'
1500 psf	4'	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	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 17x25  
Other pier pad sizes (required by the mfg.) 17x25

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

## ANCHORS

4 ft 5 ft

## FRAME TIES

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

## OTHER TIES

Number 26  
Sidewall 6  
Longitudinal 4  
Marriage wall  
Shearwall

## TIEDOWN COMPONENTS

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

## POCKET PENETROMETER TEST

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

x 1600 x 1700 x 1700

## POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1700 x 1700 x 1700

## 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.

RS Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

4-17-13

## 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. 29

## Plumbing

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

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
Walls: Type Fastener: \_\_\_\_\_ 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, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials \_\_\_\_\_

Type gasket \_\_\_\_\_

Installed: \_\_\_\_\_

Between Floors Yes \_\_\_\_\_  
Between Walls Yes \_\_\_\_\_  
Bottom of ridgebeam Yes \_\_\_\_\_

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 21  
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

Robert Sheppard

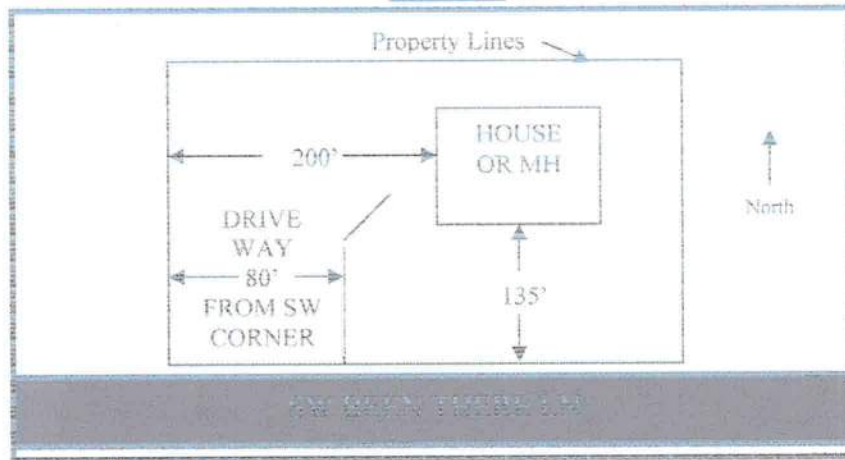
Date

4-17-13

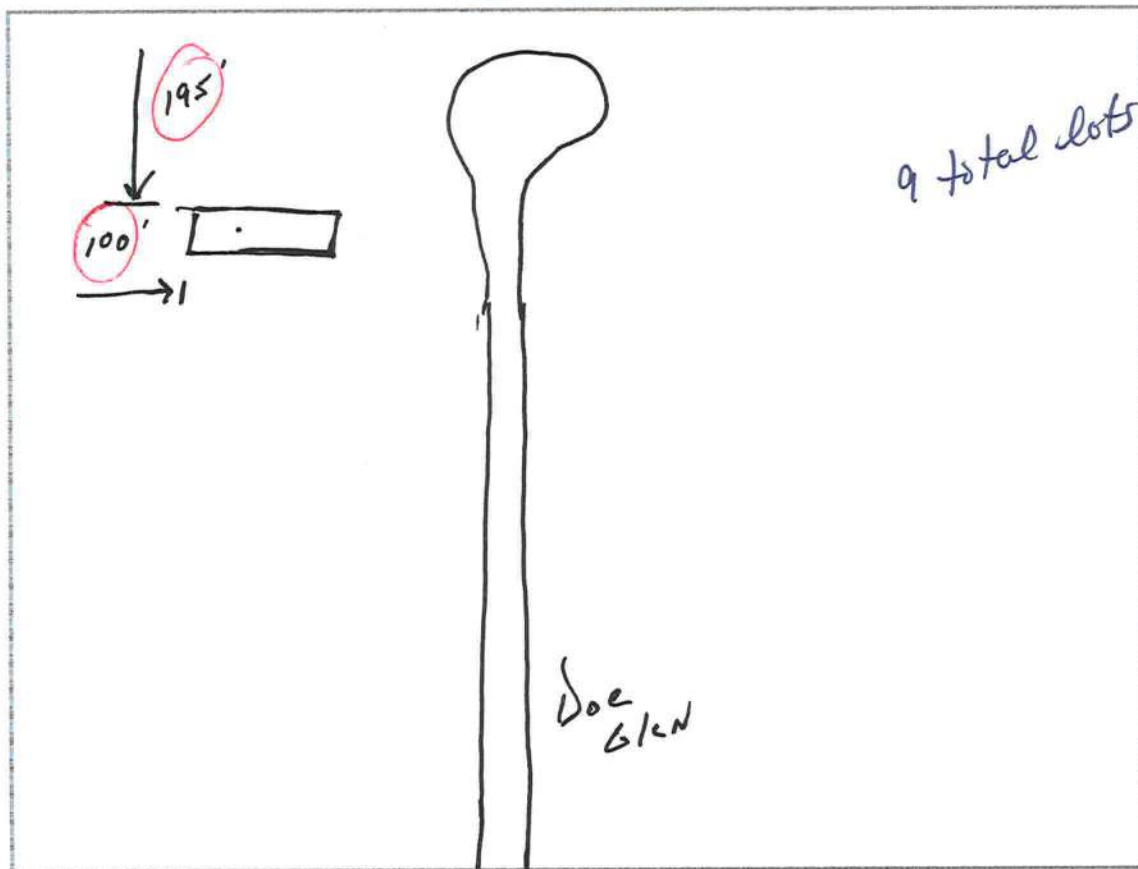


1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



# RED MARKHAM ST (CR133C)

SE DOE GLN

BUCK NORTH MHP

W1 South

421

285

11

484

296

370

310

214 216

428

426

100



449

486

447

195'

472

458

444

422

402

386

368

352

322

330

632

100

7044

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-40 CONTRACTOR Robert Sheppard PHONE 623-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ok ELECTRICAL 535	Print Name	<u>THOMAS S. THOMAS</u>	Signature	<u>T. Steven Thomas</u>
	License #:	<u>EC 0001121</u>	Phone #:	<u>386-752-5125</u>
ok MECHANICAL/ A/C A 327	Print Name	<u>Harry Mosley</u>	Signature	<u>Harry Mosley</u>
	License #:	<u>RA 0030316</u>	Phone #:	<u>386 952-2308</u>
PLUMBING/ GAS	Print Name	<u>Specialist</u>	Signature	
	License #:	<u>Sheet</u>	Phone #:	

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Form: Subcontractor form: 3/31

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<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C _____</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name <u>Robert Sheppard</u> License #: <u>JH1025386</u>	Signature <u>Robert Sheppard</u> Phone #: <u>386-623-2203</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



## 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: 4/9/2013 DATE ISSUED: 4/10/2013

#### ENHANCED 9-1-1 ADDRESS:

447 SE DOE GLN

LAKE CITY FL 32025

#### PROPERTY APPRAISER PARCEL NUMBER:

34-4S-17-08980-000

#### Remarks:

ADDRESS FOR MH ON PARCEL. NOTE: WAS ADDRESSED AS 428 SE DOE GLN, HOWEVER SITE WAS MOVED TO DIFFERENT LOCATION ON NORTH SIDE OF PRIVATE ROADWAY.

Address Issued By: SIGNED: / RONAL N. CROFT  
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

133

1350

M.H.

Red Rd

Ditch

Ch South

1 M.H.  
1250  
A.A.A.

2 M.H.

3 M.H.  
1250  
A.A.A.

4 M.H.

5 M.H.

6 M.H.

7 M.H.

1250


Track

8

1250

2



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**No Events   No Name History**

Entity Name Search

Search

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### Detail by Entity Name

#### Florida Limited Liability Company

OLISA PROPERTIES, L.L.C.

#### Filing Information

<b>Document Number</b>	L04000050400
<b>FEI/EIN Number</b>	870741515
<b>Date Filed</b>	07/02/2004
<b>State or Country</b>	FL
<b>Status</b>	ACTIVE

#### Principal Address

212 SW COTTAGE GLEN  
LAKE CITY, FL 32024

#### Mailing Address

212 SW COTTAGE GLEN  
LAKE CITY, FL 32024

#### Registered Agent Name & Address

MORRELL, DAVID W  
212 SW COTTAGE GLEN  
LAKE CITY, FL 32024

#### Manager/Member Detail

**Name & Address**

Title MGRM

MORRELL, DAVID W  
212 SW COTTAGE GLEN  
LAKE CITY, FL 32024

Title Managing Member

Morrell, Vicki L  
212 SW COTTAGE GLEN  
LAKE CITY, FL 32024

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2011	01/04/2011
2012	01/12/2012

## PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE, executed this 12<sup>th</sup> day of April 2013, between Nancy North Smith, as Personal Representative of the Estate of Earl Julian North, Sr., a/k/a Earl Julian North a/k/a Buck North, deceased, party of the first part, and Olisa Properties, L.L.C., a Florida Limited Liability Company, party of the second part, whose address is: 212 SW Cottage Glen, Lake City, FL 32024.

WITNESSETH:

The party of the first part, pursuant to Last Will and Testament of Earl Julian North, Sr. a/k/a Earl Julian North a/k/a Buck North, deceased, Case #12000309CPAXMX, recorded in O.R. Book 1247, Page 11573, in the Office of the Clerk of Circuit Court of Columbia County, Florida, and in consideration of the sum of TEN AND NO/100'S (\$10.00) DOLLARS, and other good and valuable consideration in hand paid, grants, bargains, sells, aliens, remises, releases, conveys and confirms to the party of the second part, their heirs and assigns forever, the real property in Columbia County, Florida, described as:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF.

TOGETHER WITH THE FOLLOWING MOBILE HOMES:

1989 ASPT Doublewide Mobile Home, VIN#s FLA35469 and FLA35468.  
1985 STON Doublewide Mobile Home, VIN#s FLFL2AF137905908 & FLFL2BF137905908.  
1983 SUNS Singlewide Mobile Home, VIN# SSMFLAA110158.  
1965 CHAM Singlewide Mobile Home, VIN# 0461011846.  
1979 CLAS Doublewide Mobile Home, VIN#s ED1256A & ED1256B.  
1979 SATE Singlewide Mobile Home, VIN# GDWSGA08793559.  
1959 NEWM Singlewide Mobile Home, VIN# 45X29898.  
1970 SWEE Singlewide Mobile Home, VIN# SV60CK12352.

TOGETHER with all and singular the tenements, hereditaments and appurtenances belonging or in anywise appertaining to that real property.

TO HAVE AND TO HOLD the same to the party of the second part, their heirs and assigns, in fee simple forever.

GRANTOR covenants with Grantee that Grantor has good right and lawful authority to sell and convey the above-described real property and Grantor warrants the title to the above described real property for any acts of Grantor, and will defend the title against the lawful claims of any and all persons claiming by, through or under Grantor.

IN WITNESS WHEREOF, the party of the first part, as Personal Representative of the Estate of Earl Julian North, Sr. a/k/a Earl Julian North a/k/a Buck North, deceased, has set his hand and seal on the day and year first above written.

Signed, Sealed and Delivered in the presence of:

Witness Amanda Willis

Melinda Weaver

Witness MELINDA WEAVER

Nancy North Smith  
Nancy North Smith as Personal Representative  
of the Estate of Earl Julian North, Sr. a/k/a Earl  
Julian North a/k/a Buck North, deceased

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of April, 2013, by Nancy North Smith, as Personal Representative of the Estate of Earl Julian North, Sr., a/k/a Earl Julian North a/k/a Buck North, deceased, personally known to me or if not personally known, produced DL as identification.



[Signature]  
NOTARY PUBLIC  
My Commission Expires:



EXHIBIT A

That certain piece, parcel or tract of land situate, lying and being in the County of Columbia, and State of Florida, known and described as follows: All of that part of the South 1/2 of the Northwest 1/4 that lies East of Florida State Highway No. 2 (U.S. Highway No. 41), and the West 1/2 of the Southwest 1/4 of the Northeast 1/4 of Section 34, Township 4 South, Range 17 East, Columbia County, Florida, except 509.5 feet off the South side and 379 feet off the North side of the above described lands; and further excepting any part lying within a public right of way.

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

Lot 447

1304-39

DATE RECEIVED 4-15-13 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Olisa Properties LLC PHONE 365-7690 CELL (David Morrell)

ADDRESS 212 SW Cottage Glen Lake City, FL 32024

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

(Roland Tordiff Property)

DRIVING DIRECTIONS TO MOBILE HOME 41 South to 252 (High School) turn left go to  
Cautious Light (Country Club Rd) turn Right 1st Drive on Right  
2 single 4.25 This one is for one on Right with Vinyl Siding.

MOBILE HOME INSTALLER Robert Shepard PHONE 623-2203 CELL \_\_\_\_\_

MOBILE HOME INFORMATION

MAKE Nest YEAR 1996 SIZE 14 x 76 COLOR Clay

SERIAL No. GAFLA 07A34898W 222

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

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 Joe G ID NUMBER 306 DATE 4-16-13





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, Robert Sheppard, give this authority for the job address show below  
Installer License Holder Name

only, 447 SE Doe Glen Lake City FL 32025, 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)
David Morrell		<input 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.

Robert Sheppard  
License Holders Signature (Notarized)  
PH1025386  
License Number  
4-18-13  
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) known by me on this 18 day of April, 20 13.

NOTARY'S SIGNATURE

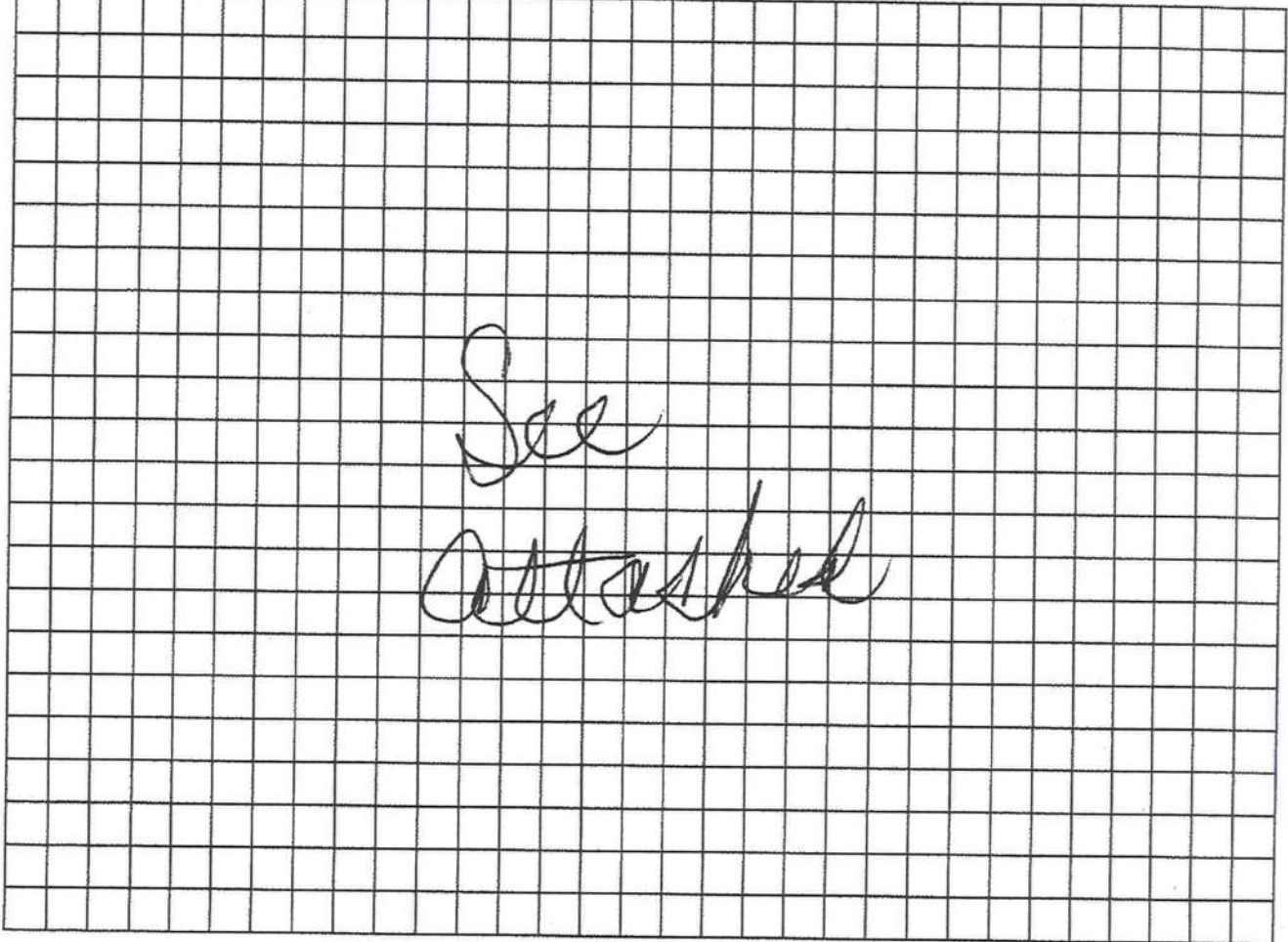
(Seal/Stamp)

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-02385

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: D. D. M. H.

Plan Approved 10

Not Approved \_\_\_\_\_

Date 4/24/13

By [Signature]

Columbia

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**





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

PERMIT NO. 13-0138E  
DATE PAID: 4/24/13  
FEE PAID: 125.00  
RECEIPT #: 1105757

## APPLICATION FOR:

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

APPLICANT: Olisa Properties LLC David W. Merrill

AGENT: \_\_\_\_\_ TELEPHONE: 386-365-7690

MAILING ADDRESS: 212 SW Cottage Glen Lake City FL 32027

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: 444 BLOCK: #7 SUBDIVISION: Buck North MHD PLATTED: \_\_\_\_\_

PROPERTY ID #: 34 45 17 08980 JSS ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 19 1/2 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 444 SE Doe Glen Lake City FL

DIRECTIONS TO PROPERTY: 41 South go to next drive past 133C turn left on Doe Glen

## 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>Single Wide MH</u>	<u>2</u>	<u>924'</u>	
2				
3				
4				

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

SIGNATURE: [Signature] DATE: 4/24/13



