

DATE 02/25/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029217

APPLICANT BETHANIE FEWELL PHONE 386-454-7539
ADDRESS 204 SW BUSSY GLEN FORT WHITE FL 32038
OWNER WILLIAM & BETHANIE FEWELL PHONE 386-454-7539
ADDRESS 204 SW BUSSEY GLN FORT WHITE FL 32038
CONTRACTOR VIC ETHERIDGE PHONE 386-462-7554
LOCATION OF PROPERTY 47 S, L 27, L BUSSEY GLN, 2ND DRIVE 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 AG-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 13-7S-16-04193-014 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 1.10

IH10251851
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0067-E BK TC Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

PARCEL CREATED AS ROAD DIVIDED PARENT PARCEL

Check # or Cash 4499

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 \$ 51.36 WASTE FEE \$ 134.00

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 560.36

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 RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 17.02-11 Building Official T.C. 2-14-11

AP# 1102-20 Date Received 2-10-11 By UH Permit # 29217

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

Comments Parcel created as road divided parent parcel.

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-8867-E ☐ 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

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☐ In County

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 13-75-16 R 04193-014 Subdivision _____

- New Mobile Home _____ Used Mobile Home Yes 1998 MH Size 44' Year 1998
- Applicant William & Bethanne Jewell Phone # 386 454 7539
- Address 204 SW Bussey Gln. Fort White, FL 32038 Cell 207-522-1596
- Name of Property Owner William & Bethanne Jewell Phone# 386 454 7539
- 911 Address 204 SW Bussey Gln. 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 William & Bethanne Jewell Phone # 386, 454, 7539
 Address 204 SW Bussey Gln. Fort White, FL 32038
- Relationship to Property Owner - Same -
- Current Number of Dwellings on Property _____
- Lot Size 1.10 acres Total Acreage 1.10 acres
- 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 - Did have camper
- Driving Directions to the Property Rt 27 from Ft White to Bussey Gln
Turn left on Bussey Gln to 1st & 2nd Driveway on Rt.
- Name of Licensed Dealer/Installer Vic Ethridge Phone # 386 462-7554
- Installers Address 15508 NW 140 Ter, Alachua, FL
 - License Number TH 1025 185/1 Installation Decal # 5082

Left Message 2-17-11 on Cell Phone
 cell #: 4498 \$560.36

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 Vic Clinevige License # IA 1025 185/1

911 Address where home is being installed. 204 SW Bussey Ln
FORT WHITE, FL 32038

Manufacturer HOMES OF MERIT Length x width 28x44

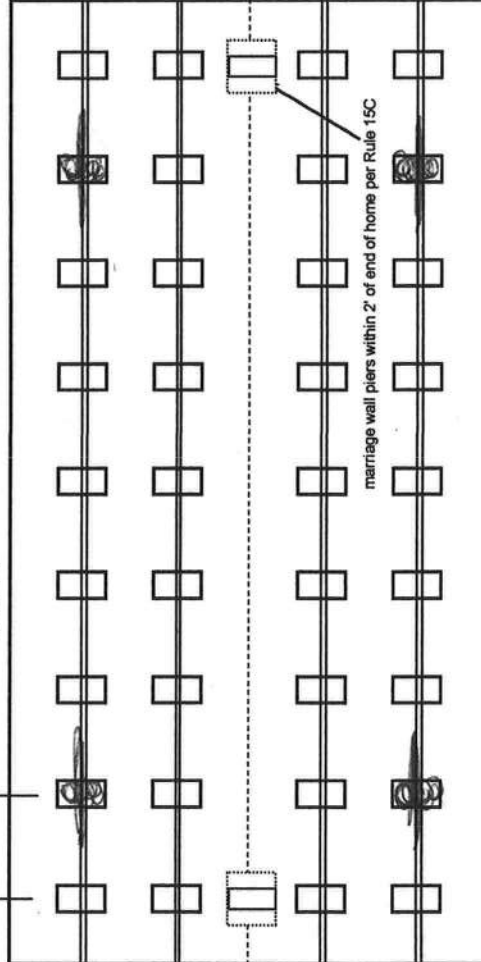
NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

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 [Signature]



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



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 # 5082

Triple/Quad ☐ Serial # FLHMC-8651 185540AB

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'	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	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 20 x 20

Perimeter pier pad size N/A

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

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

REST ROOM 16x16

DOOR WAY 16x16

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

OTHER TIES

Number

18

Sidewall

Longitudinal

Marriage wall

Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer OLIVER TECHNOLOGY

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

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 _____ 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 300 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Vic. E. Shreve, Jr.

Date Tested

2-6-2011

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. 6

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 6

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 6

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 6" LAG Length: 6" Spacing: 2'
Walls: Type Fastener: 6" LAG Length: 6" Spacing: 2'
Roof: Type Fastener: 6" LAG Length: 6" 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

DES

Type gasket Rolled

foam

Installed:

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

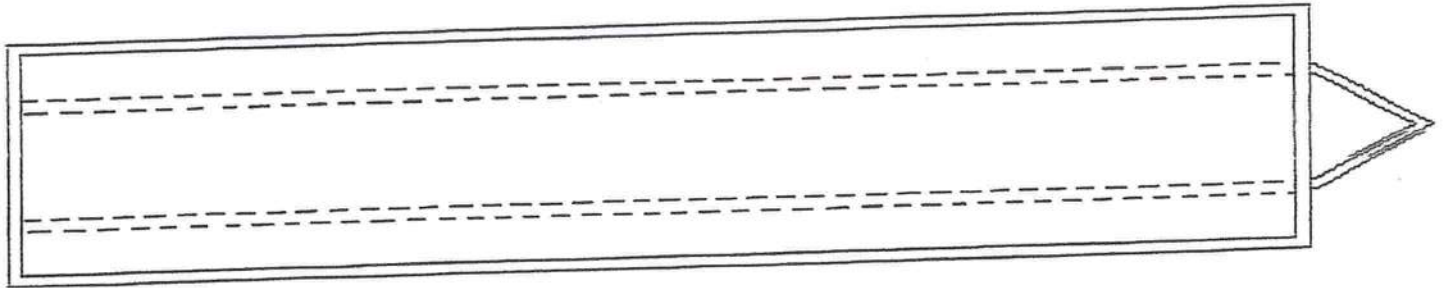
Vic. E. Shreve, Jr.

Date

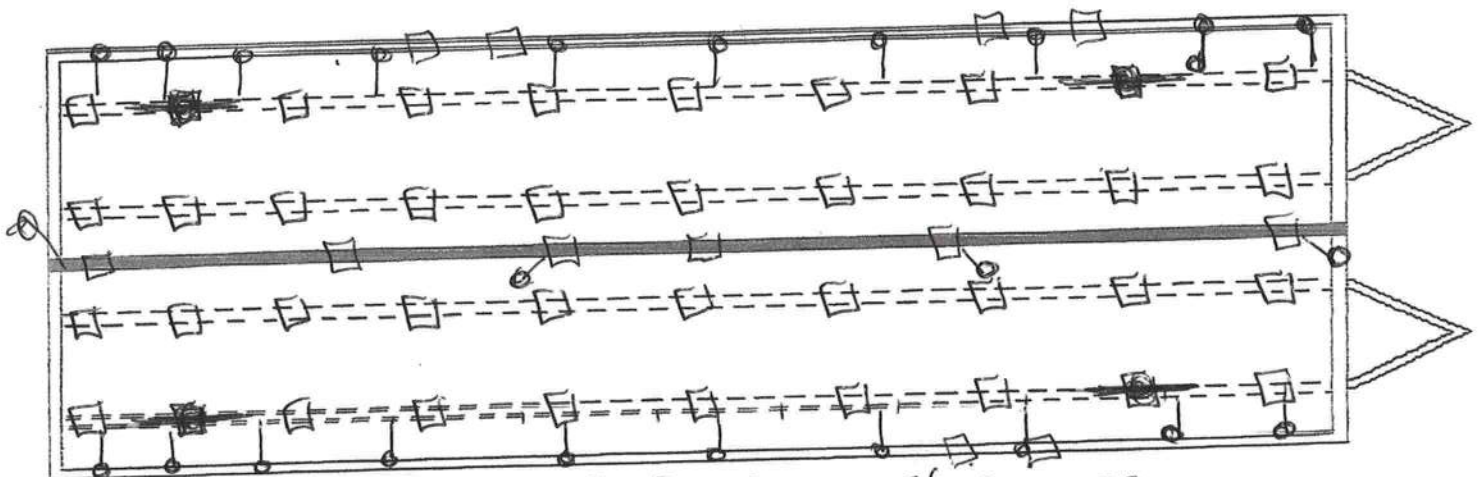
2-8-2011

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



DOUBLE WIDE MOBILE HOME



1000 lb Soil 20x20 ABS PADS ON 5' CENTERS
 300 in lbs TORQUE 4' ANCHORS ON 5' 4" CENTERS
 OLIVER Technology Longitudinal Stabilizer Devices

ANCHOR

PIER

PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

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. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I Wic Edmondage license number TH 1025185 do hereby state that the
(Please Print)

installation of the manufactured home at 204 SW Bussey Ln will be done under my
(911 Address)
FORT WHITE, FL 32038
supervision.

[Signature]
Signature

Sworn to and subscribed before me this 9th day of February A. D. 2011

Notary Public Susan Frazier My commission expires: 1-4-2015
Signature Date





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

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Vic Etheridge (license holder name), licensed qualifier
for AAA Mobile Home Transport (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) 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 Person Authorized	Signature of Authorized Person
1. William Kewell	1. <u>William Kewell</u>
2. Bethanie Kewell	2. <u>Bethanie Kewell</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
License Holders Signature (Notarized)

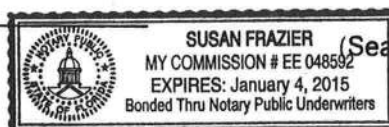
TH 10251851 2-9-2011
License Number Date

NOTARY INFORMATION:

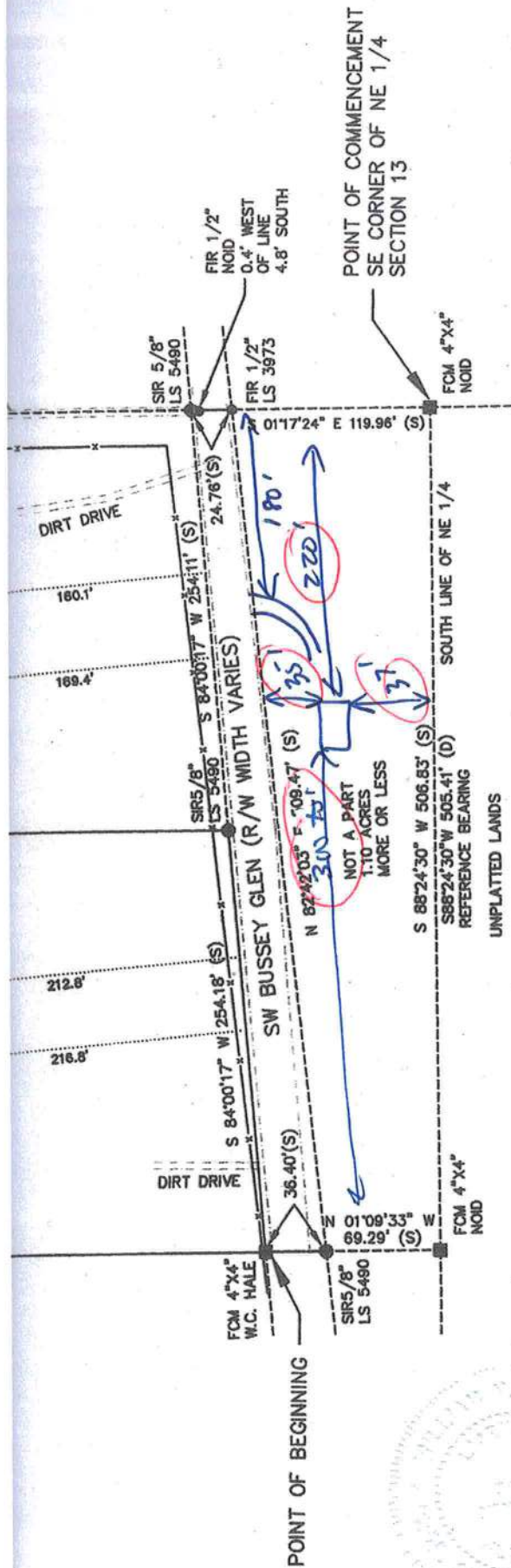
STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Vic Etheridge,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Florida Drivers License on this 9th day of February, 2011.

[Signature]
NOTARY'S SIGNATURE



(Seal/Stamp)



SURVEYOR'S NOTES

1. BEARING BASED ON PLAT.
2. STRUCTURE NO. SHOWN HEREON LIES IN FLOOD ZONE X AS BEST DETERMINED FROM F.E.M.A. FLOOD MAPS PANEL NO. 120070 0260 B DATED 6-JAN-1988.
3. THIS SURVEY BASED ON LEGAL DESCRIPTION FURNISHED. THE PUBLIC RECORDS, WERE NOT SEARCHED BY THIS SURVEYOR FOR EASEMENTS, TITLE, COVENANTS, RESTRICTIONS, CLOSURES, TAKINGS OR ORDINANCES, ETC., THERE COULD BE OTHER MATTER OF RECORD THAT EFFECT THIS PARCEL

I HEREBY CERTIFY THIS SURVEY WAS DONE UNDER MY DIRECT SUPERVISION AND IT MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING PURSUANT TO CHAPTER 61G17-6, FLORIDA ADMINISTRATION CODE, CHAPTER 472, FLORIDA STATUTES.

WILLIAM N. KITCHEN PSM 5490

William N. Kitchen 6-12-2006

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

REV:

WILLIAM N. KITCHEN
PROFESSIONAL SURVEYOR AND MAPPER
152 N MARION AVENUE
LAKE CITY, FLORIDA 32055
PHONE (386) 755-7786

CLIENT: ROBERT & MARY BUTCHER

DRAWN BY: WNK FIELD BOOK: 06260

SCALE: 1" = 100'

SURVEY DATE: JUNE 2, 2006

JOB NUMBER SHEET

06260L3 1 OF 1

LEGEND

(D) = DEED
(P) = PLAT
(S) = SURVEY MEASUREMENT
(C) = CALCULATED MEASUREMENT
NOID = NO SURVEYORS IDENTIFICATION
LS = LAND SURVEYOR
LB = LICENSE BUSINESS
FIR = FOUND IRON ROD
FIP = FOUND IRON PIPE
FCM = FOUND CONCRETE MONUMENT
SIR = SET IRON ROD
SCM = SET CONCRETE MONUMENT
PRM = PERMANENT REFERENCE MONUMENT
C/L = CENTER LINE

R/W = RIGHT OF WAY
EOP = EDGE OF PAVEMENT
ASP = ASPHALT PAVING
CONC = CONCRETE
OHE = OVER HEAD ELECTRIC

CO = WOOD POWER POLE
S.T. = SEPTIC TANK
X-X = WIRE FENCE
□ = WOOD FENCE
USE = UNDER GROUND ELECTRIC

Recording prepared by:

and when recorded, please return this deed
and tax statements to:

Mr Wm Fewell
245 N. Sedgwick Rd
Sedgwick, Mo
04676

Inst:2006014268 Date:06/13/2006 Time:12:32

Doc Stamp Deed : 0.70

KV DC, P. DeWitt Cason, Columbia County B:1086 P:1755

Above reserved for official use only

Grantee's SS No:

Property Appraiser's Parcel ID #

GENERAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR A VALUABLE CONSIDERATION, in the amount of TEN AND NO/100 DOLLARS (\$10.00) in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, Robert E. and Mary E. Butcher ("Grantor"), has GRANTED, SOLD and CONVEYED and by these presents does GRANT, BARGAIN, SELL and CONVEY to William L. and Bethamie E. Fewell ("Grantee"), all right, title, interest and claim to the following real property in the City of Fort White, County of Columbia, State of Florida with the following legal description:

BEGIN at the SE corner of the NE $\frac{1}{4}$ of Section 13, Township 7 South, Range 16 East and Run S88°24'30" W along the south line of said NE $\frac{1}{4}$ a distance of 505.41 feet; thence N01°07'37" W 85.72 feet to the south edge of maintained roadway known as SW Bussey Glen; thence N84°32'02" E along southerly edge of said maintained roadway a distance of 506.56 feet to the easterly line of said Section 13; thence S01°23' E along said section line a distance of 119.95 feet to the FRONT OF BEGINNING. Containing 1.19 acres more or less.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever IN FEE SIMPLE; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any part thereof.

Grantor further WARRANTS and agrees to FOREVER DEFEND all and singular the said property unto the said Grantee, Grantee's heirs, executors, administrators, successors and/or assigns, against every person whomsoever claiming or to claim the same or any part thereof.

EXECUTED this day of May 19, 2006

(Signature of Grantor)

Robert E. Butcher
Robert E. Butcher

Mary E. Butcher
Mary E. Butcher

Grantee's Address:

277 SW Bussey Gln
Fort White, FL 32038

Grantors Address:

245 N. Sedgwick Rd
Sedgwick, MAINE 04676

Signed in our presence:

Lou C. Westmoreland
(Witness Signature)

Print Name: Lou C. Westmoreland

Tarie G. McPhearson
(Witness Signature)

Print Name: Tarie McPhearson

State of FLORIDA)

County of Columbia) ss

The foregoing instrument was acknowledged before me on May 19 2006
by Robert E & Mary E. Butler who is/are personally known by me or
who has/have produced: _____ as identification and who did not take an
oath.

Inst:2006014268 Date:06/13/2006 Time:12:32
Doc Stamp-Deed : 0.70

DC, P. DeWitt Cason, Columbia County B:1086 P:1756

Janice Revels
Signature of Notary Public

Janice Revels
Printed Name of Notary

My commission expires:

3/27/2007



Janice E. Revels
Commission #DD187524
Expires: Mar 27, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 2-10-11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Bethanie fewell PHONE 454-7539 CELL _____

ADDRESS 204 SW Bussey Gln Fort White FL 32028

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (C) 27, (C) Bussey Gln,
to ~~1st~~ 2nd on (C)

MOBILE HOME INSTALLER Vic Ethridge PHONE 386-462-7554 CELL _____

MOBILE HOME INFORMATION

MAKE Haus of Merit YEAR 98 SIZE 44 X 28 COLOR Gray

SERIAL No. FLHMCLB651 - 185540 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

\$50.00

Date of Payment: 2-10-11

Paid By: Bethanie fewell

Notes: _____

_____ 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: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

1102-20

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: 2/9/2011 DATE ISSUED: 2/14/2011

ENHANCED 9-1-1 ADDRESS:

204 SW BUSSEY GLN
FORT WHITE FL 32038
PROPERTY APPRAISER PARCEL NUMBER:
13-7S-16-04193-014

Remarks:

RE-ISSUE OF ADDRESS FOR NEW STRUCTURE.

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Vic Ethenidge PHONE 352 283 1511

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 ok	ELECTRICAL	Print Name <u>Ryan Beville</u> License #: <u>EC 13004236</u>	Signature <u>Ryan Beville</u> Phone #: <u>352 339 0369</u>
	MECHANICAL/ A/C	Print Name <u>Benhamie Fenell</u> License #:	Signature <u>Benhamie Fenell</u> Phone #: <u>386 454 7539</u>
	PLUMBING/ GAS	Print Name <u>Vic Ethenidge</u> License #: <u>IT 1025185/1</u>	Signature <u>Vic Ethenidge</u> Phone #: <u>352 283 1510</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.



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

11-00 67-E
PERMIT NO. Ap993589
DATE PAID: 2/10/11
FEE PAID: 125.00
RECEIPT #: 12-PID-1562701

APPLICATION FOR:

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

APPLICANT: Bethamie Fewell

AGENT: _____ TELEPHONE: 386-4547539

MAILING ADDRESS: 204 S.W. Bussey Ctn. Fort White, FL 32038

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: N/A BLOCK: 13-75-16 SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: R04193-014 ZONING: Ag I/M OR EQUIVALENT: [Y] ☒ N

PROPERTY SIZE: 1.1 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 204 SW Bussey Ctn. Fort White FL 32038

DIRECTIONS TO PROPERTY: Rt 27 to Bussey Ctn. 1st or 2nd Driveway on Rt.

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>Home</u>	<u>2</u>	<u>1140</u>	
2				
3				
4				

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

SIGNATURE: Bethamie Fewell DATE: 2-9-11

RECEIVED
2/10/11

RECEIVED
KE



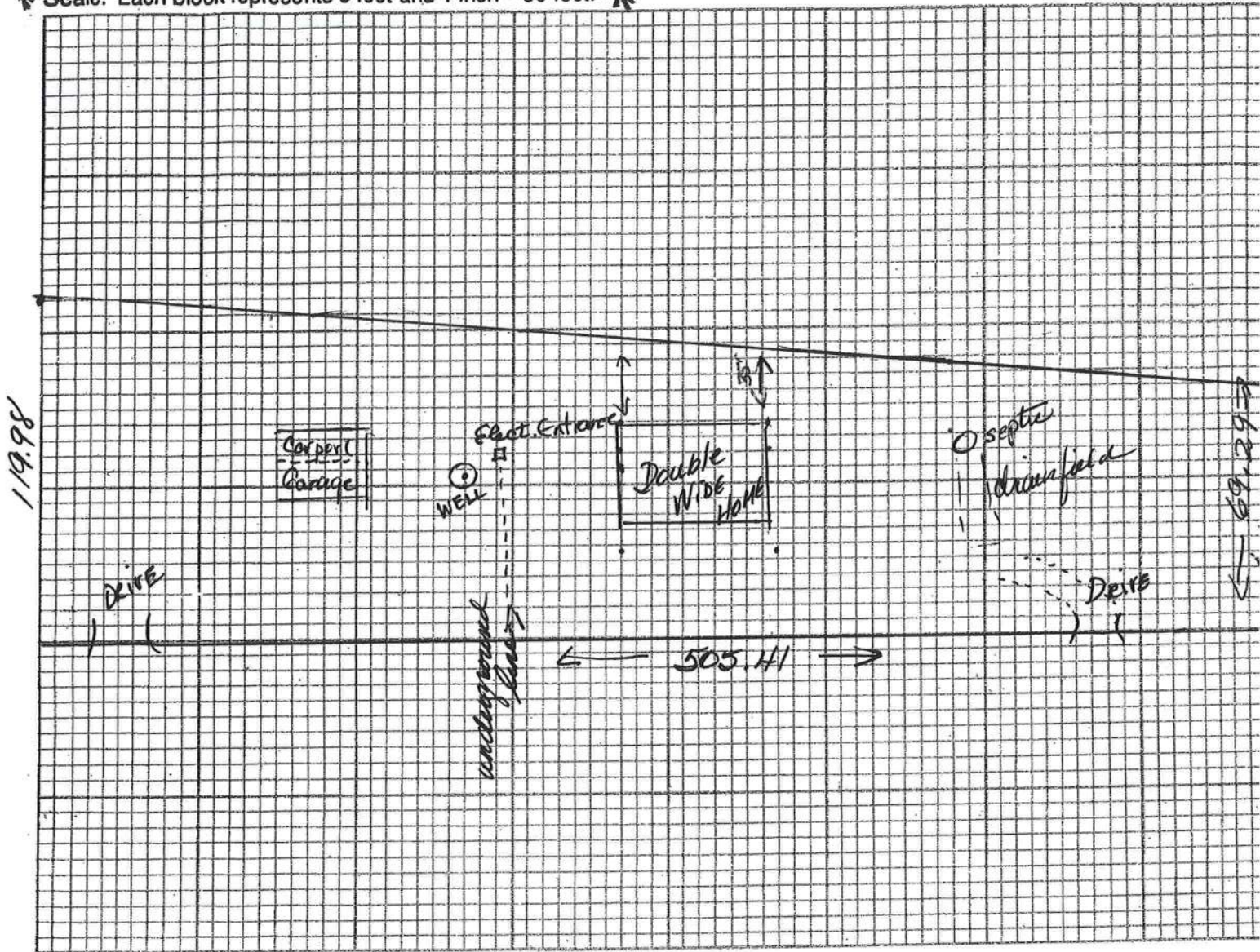
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0067-6

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Bethanie Jones
Signature

Co. Owner
Title

Plan Approved

Not Approved

Columbia CHD

Date 2-9-11

By

Sally Ford, E.H. Director

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT