PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION For Office Use Only Zoning Official (Revised 1-11) AP# Date Received 7/25 Permit # Zoning A 3 Land Use Plan Map Category_ Development Permit Existim MH MH to be removed within of old my Finished Floor 2 DEH Release | Well letter | DExisting well , 🗷 Site Plan with Setbacks Shown 💢 EH #_ g Recorded Deed or Affidavit from land owner principles Authorization in State Rd Aggess 2011 Sheet 順F W Comp. letter g App Fee Pd ログF Form ☐ Parent Parcel # STUP-MH phont County of in County (MPACT FEES: EMS Corr Road/Code = TOTAL_Suspended March 2000_ #Elileville Water Sys School Property 10 # 35-25-15- VOLO8- COSUDDIVISION AKA Part Parce 1 D MH Size DXXX Year DALZ New Mobile Home Used Mobile Home_ reelec 386-623-4914 Phone # Applicant 40 BOX 2238 Peeler Eurl Name of Property Owner Phone# 911 Address 307 EL Power & Light Circle the correct power company -Clay Electric (Circle One) -Suyunnee Valley Electric Progress Energy Preler Name of Owner of Mobile Home Phone # 32024 Address 307 NW Huso Leslie Ct Son Relationship to Property Owner Current Number of Dwellings on Property_ Lot Size Total Acreace 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) les is this Mobile Home Replacing an Existing Mobile Home Driving Directions to the Property paixment ends Name of Licenson Dealer/Installer \ P. R. F.A. Installers Address 4 48 NW Our 4

\$375,00

Installation Decal #

License Number 14-10

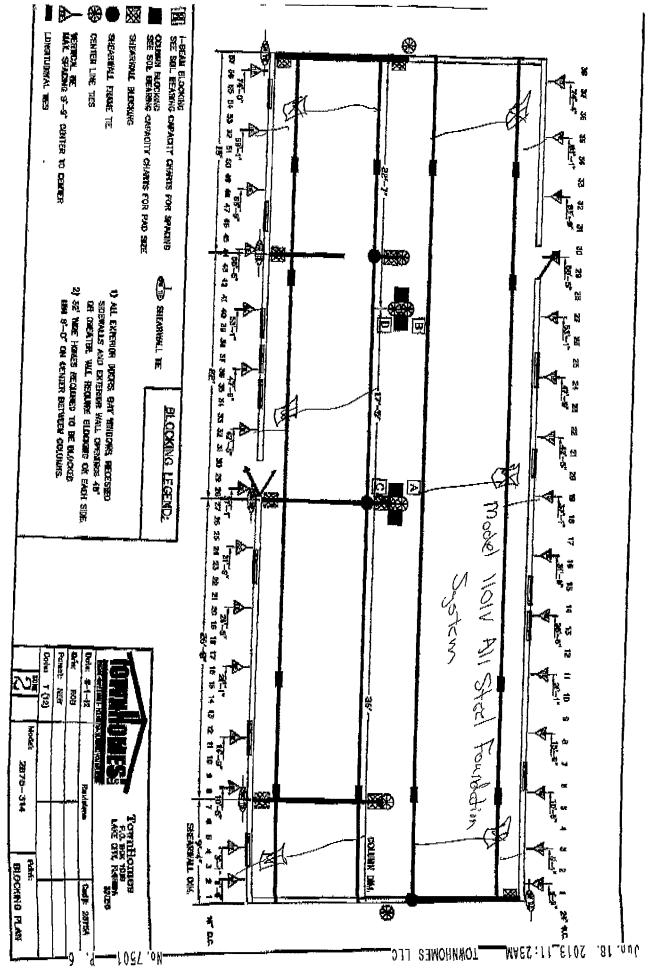
			s) systems	aking plan or of home e (new or used)	PERMIT NUMBER New Home Installer 1025/39 Home is installed Shiple wide
THELIDAM COMPONENTS Stabilizing Device (LSD) Stabilizing Device w/ Lsis	oximate locations of marriage 20 x 20	ann Fluibe 15C-1 pier sounding table. PERI PAID SIZES road sizes plan faut sizes Village (1) \(\text{V} \) \(\text{V} \) plan faut sizes village (1) \(\text{V} \) \(\text{V} \) \(\text{V} \) plan sizes village (1) \(\text{V} \) \(\text{V} \) \(\text{V} \)	Fooder 16" x 16" 18 1/2" x 18 1/2" 20" x 20" 12" x 22" 34" x 24" 26 (sq. in) (sq. in	Double wide El Installation Docal # 16508 TriplesQued Serial # \$\frac{16508}{16508} TriplesQued Pien SPACING TABLE FOR USED HOMES	Used Home Used Home Used Home Used Home Installation Manufacturer's installation Mathematical Manufacturer's Manufacturer's Installation Manuf

PERMIT NUMBER

Pharabing Pharabing	Connect electrical conductors between quili-mide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg.	Elactrical	Cate Tested 4 24 13	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	Hote: A state approved leteral arm system is being used and 4 ft. anchors are allowed at the sidewell bocations. I understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 to bolding capacity. Installer's initials	TORQUE PROBETEST The results of the torque probe test is OSO inch pounts or check here if you are declaring of enchars without lesting. A test showing 275 each pounds or less will require 5 tool enchars.	X 1800 X 1800 X 1800	 Using 500 lb. ancrements, take the lowest reading and found down to that increment. 	 Test the pedimeter of the home at 6 locations. Take the reading at the depth of the footer. 	T PENETROMETER TESTING METH	Fell	POCKET PENETROMETER TEST The packet penetrometer tests are rounded down to \$500 psf or check here to destate 1000 lb. soit without testing.	
manufacturer's installation fristructions and or Rule 15C-1 & 2	treatable vertice all information disease with the security works took		Skirling to be Astalled. (Yes Mo Mo Dryer want installed outside of skirting Yes (AMA) Renge downflow went installed outside of skirting. (Sa NA) Drain lines supported at 4 foot intequals. Yes Electrical crossowers protected. Yes	Machianeous	Weatherprooking The bottomboard will be repaired and/or toped. Yes Siding on units is installed to manufacturer's specifications. Yes Fineplece chirancy installed so as not to allow influsion of rainwater. Yes	Type person to the person of ridgeheam Year Bottom of ridgeheam Year	a result of a pounty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	GERMAN (which produced a property installed gasket is a requirement of all new and used homes and that condensation, most, melsiev and buckled markage wells are	will be centered over the peak of the coof and fastened with pair, reading natis at 2" on center on both sides of the centerine.	Flaor: Type Feetener: Scales Length: 5 Spacing: 5 C Spaci	Fastendry ការវង្គ នៅក្នុង	Site Proparation Debrie and organic materiel removed Wester drainage: Natural Swele Pad Chiner	

Installer Signature 16 15C-1 & 2 Date (24/13 nit worksheet

Connect all potable water supply plping its an existing water meter, water tap, or other independent water supply systems. Pg.



Tecler

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:

7/26/2013

DATE ISSUED:

7/31/2013

ENHANCED 9-1-1 ADDRESS:

307

NW HUGO LESLIE

CT

LAKE CITY

FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

35-2S-15-00108-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE ON PARCEL.

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.

Columbia County Property

Appraiser
CAMA updated 7/11/2013

Parcel: 35-2S-15-00108-000

<< Next Lower Parcel 3 Next Higher Parcel >>

Owner & Property Info

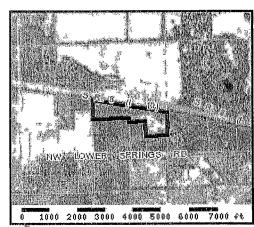
Owner's Name	PEELER LESLIE	PEELER LESLIE EARL				
Mailing Address	P O BOX 2238 LAKE CITY, FL	P O BOX 2238 LAKE CITY, FL 32056				
Site Address	307 NW HUGO LESLIE CT					
Use Desc. (code)	IMPROVED A (005000)					
Tax District	3 (County)	Neighborhood	35215			
Land Area	37.480 Market Area 01					
Description	NOTE This description is not to be used as the Legal Description for this parcel in any legal transaction					

COMM SE COR RUN N 1379 41 FT TO N R/W LOWER SPRINGS RD, W ALONG R/W 752 77 FT, N 630 76 FT FOR POB, CONT N 522 75 FT W 575 FT, N 128 49 FT W 1328 77 FT, N 633 68 FT TO S R/W I-10 SE'LY ALONG R/W 2720 31 FT S 390 77 FTM S 48 DEG E 41 10 FT, S 110 88 FT N 79 DEG W 25 69 FT S 273 43 FT, W 774 99 FT TO POB (AKA PART PARCEL D) ORB 817-2271 CD 818-2292 847-1406 THRU 847-1417, 875-1858, SWD 109 more>>>

2012 Tax Year

Tax Collector Tax Estimator Property Card
Parcel List Generator
Interactive GIS Map] Print

Search Result 1 of 1



Property & Assessment Values

	The second secon	amar.
2012 Certified Values		
Mkt Land Value	cnt. (2) \$6,584,1	0C
Ag Land Value	cnt (2) \$6,824.0	00
Building Value	cnt (1) \$34,266 (Ō0
XFOB Value	cnt (4) \$15,519 (00
Total Appraised Value	\$63,193.0	OC.
Just Value	\$179,153.0	ОC
Class Value	\$63,193.0	ŌC
Assessed Value	\$63,193.	oc
Exempt Value	\$0.	ŌC
Total Taxable Value	Cnty: \$63,1' Other \$63,193 Scl \$63,1'	hI:

2013 Working Values

NOTE:
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem

Show Similar Sales within 1/2 mile

assessment purposes

Show Working Values

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
12/30/2008	1164/1588	WD	I	Q	01	\$150,000.00
9/8/2006	1095/1118	WD	I	U	01	\$100.00
2/13/1999	875/1858	WD	I	U	01	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1996	BELOW AVG. (03)	1782	1902	\$21,742.00
	Note: All S F. calculations are based on exterior building dimensions					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)



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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

1, Terror Name , give this authority and I do certify that the below							
referenced person(s) listed on	this form is/are under my direct	supervision and control and					
is/are authorized to purchase p	is/are authorized to purchase permits, call for inspections and sign on my behalf.						
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name					
EARL Person		Owner y					
,	at I am responsible for all permit	s purchased, and all work done in all Florida Statutes, Codes, and					
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 compilance granted by issuance of such permits.							
License Holders Signature (No	tapzed License	0 3 5 139 6 34 13 Number Date					
NOTARY INFORMATION: STATE OFFlorida	COUNTY OF: COLUM	laia					
The above license holder, whose name is personally appeared before me and is known by me or has produced identification (type of I,D.)on this day of							
NOTARY'S SIGNATURE	Ob	(Seal/Siamp)					
ŭ	ń	AMY L MILLS MY COMMISSION # EE 173194					

EXPIRES February 26, 2016
Bonded Thru Budget Notary Services

LIMIT POWER OF ATTORNEY

Terry L. Thrift, license num	ber <u>ZH·/o25/39</u> authorize
Amber Deeler to be my re	epresentative and act on my behalf in
all aspects of applying for	permit to be placed on
he following described property. Property locate	ed in <u>Columbia</u> county,
State of Florida.	
Property Owner Name: <u>For Poeler</u>	
911 Address: 30) NW Hypo leslie C	the city Lake City
Sec:Tax	Parcel #
Signed: Im / Im/	
Sworn to and described before me this	day of <u><i>JVIY</i></u> 20 6 3
anu L rulls	,
Notary public	•
Amy Lmills	Personally known
Notary Name	-
•	DL ID
AMY L. MILLS MY COMMISSION # EE 173194 EXPIRES: February 26, 2016 Bonded Thru Budget Notary Services	

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 installer's 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.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without <u>FIRST</u> having secured a mobile home moveon (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved. The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

at	Applicant
will be done under my supervision.	911 Address
Signature ///	
olgradat // //	
Sworn to and subscribed before me this	1 day of JVV
20_13.	
Notary Public: CMW Lnull	
Signature	STARY PURIS AMY L.

AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's I	Vame:	A		Management of the Control of the Con		u
Property ID:	Sec:	Twp:	Rge:	Tax Parcel	No:	
Lot:	_ Block:	Subdivision:			}	τ
Mobile Home	Year/Mak	e: 2013 1	ownto	a) C	Size:	12-P.
	re of Mobile Ho	ome installer d before me this		of July	<u>/,</u> 20	<u>13</u>
by			•	X		
Any Notary's nam	L Mills		Note	www. L ary Public, State	Mult e of Florida	<u>)</u>
* **	MY PUR MY COA	AMY L. MILLS AMISSION # EE 173194 ES: February 26, 2016 Thru Budget Notary Services	Con Per:	nmission No sonally Known; duced ID (type)		

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1307-57	CONTRACTOR TECTY TWIFF PHONE
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THIS PORM 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 <u>RECURED</u> 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 Emal Perky	Signature
	License #:	Phone #:
MECHANICAL/	Print Name EASL Wester License #:	Signature Phone #; / Low & Florid
PLUMBING/ GAS	Print Name Teasy In The I License # IH - 1025139	Signature Phone #7386 613-0115

Specialty (morne	Licency furnities	Sub-Confractors Printed Name	Sub-Contractors Separature
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 911 ADDRESSING / GIS DEPARTMENT



P. O. Box 1787, Lake City, FL 32056-1787 263 NW Lake City Ave., Lake City, FL 32055

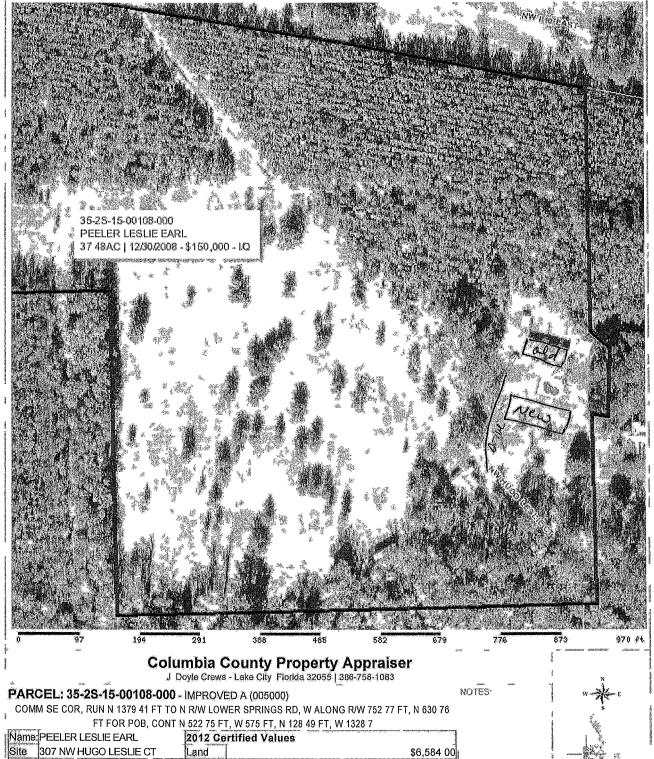
Telephone (386) 758-1125 * Fax (386) 758-1365 * Email: ron_croft@columbiacountyfla com

Application for 911 Address Assignment Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME

MAY BE REQUIRED.	
Date of Request: 7/25/B	
Requester Last Name: Peeler	- 3
First Name: Earl	- \$. 7
Contact Telephone Number: 623-4914	Add - 502
(Cell Phone Number if Provided):	- g = g
Requested for Self: or Requested for Company: (check one)	
If Address is Requested by a Company, Provide Name of Requesting Company:	(元) 子(4)
Parcel Identification Number: 35 - 25 - 15 - 00108 - 000 -	- 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
If in Subdivision, Provide Name Of Subdivision:	Very of b
Phase or Unit Number (if any): Block Number (if any):	_ 0 _
Lot Number:	
Attach Site Plan or you may use back of Request Form for Site Plan: Requirements for Site Plan Are Listed on Back of Request From: (NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Requirements.)	
Addressing / GIS Department Use Only:	
Date Received: Date Assigned:	
ID Number:	

100



FI FOR POB, CONT N 522 75 F1, W 575 F1, N 128 49 F1, W 1328 7			
Name:	PEELER LESLIE EARL	2012 Ce	rtified Values
Site	307 NW HUGO LESLIE CT	Land	\$6,584 00
lien.	P O BOX 2238	Bldg	\$34,266 00
Mall	LAKE CITY, FL 32056	Assd	\$63,193 00
Sales	12/30/2008\$150,000 00 1/0) Exmpt	\$0.00
Info	9/8/2006 \$100 00 I/U	Taxbl	Cnty \$63,193
		iavn	Other \$63,193 Schl \$63,193

ENVIROMENTAL HEALTH



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

13-0275
3/8/13
3/0/08
407246

APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Leslie Earl Peeler
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 469.105(3)(E) 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: na BLOCK: na SUB: na PLATTED:
PROPERTY ID #: 35-25-15-00108-000 ZONING: I/M OR EQUIVALENT: [Y N
PROPERTY SIZE: 37.48 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: NW Hugo Leslie Court, Lake City, FL, 32056
DIRECTIONS TO PROPERTY: 90 West, TR on Lake Jeffery Road, Cross I-75, TR on Lower
Springs Road, 1.9 miles where lower springs turns left. Bare right onto Hugo
Leslie Court, 2/10ths miles to site on right
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential 4 2027
3
[Floor/Equipment Drains [Other (Specify)
SIGNATURE: DATE: 5/7/2013

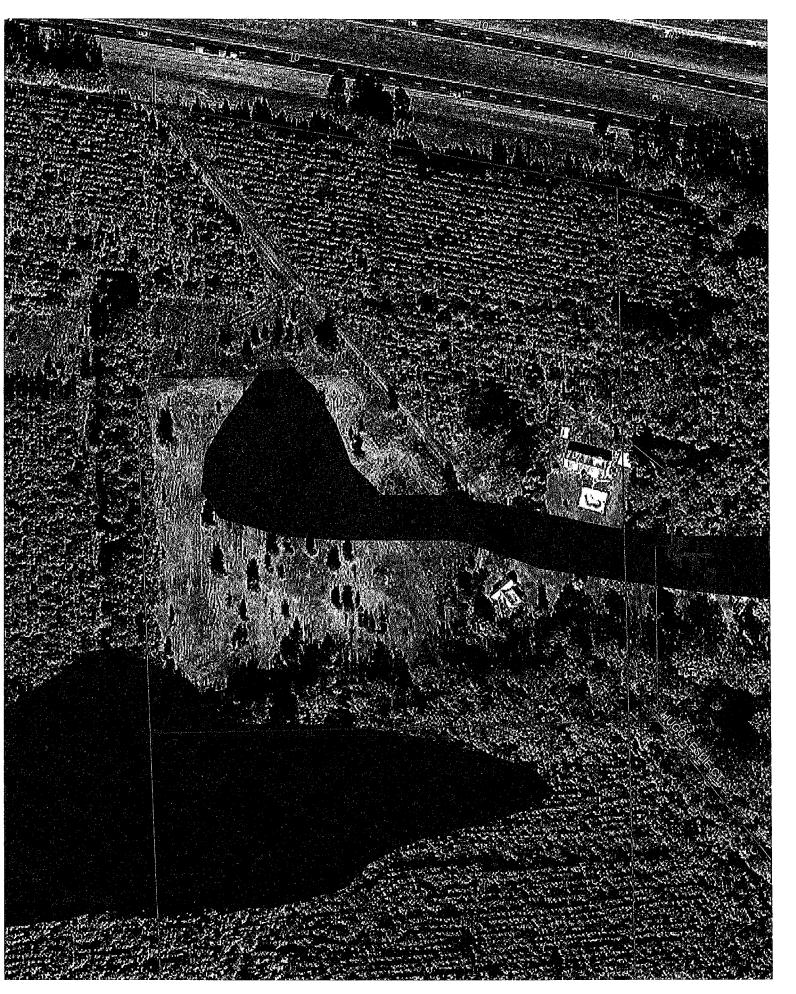
STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

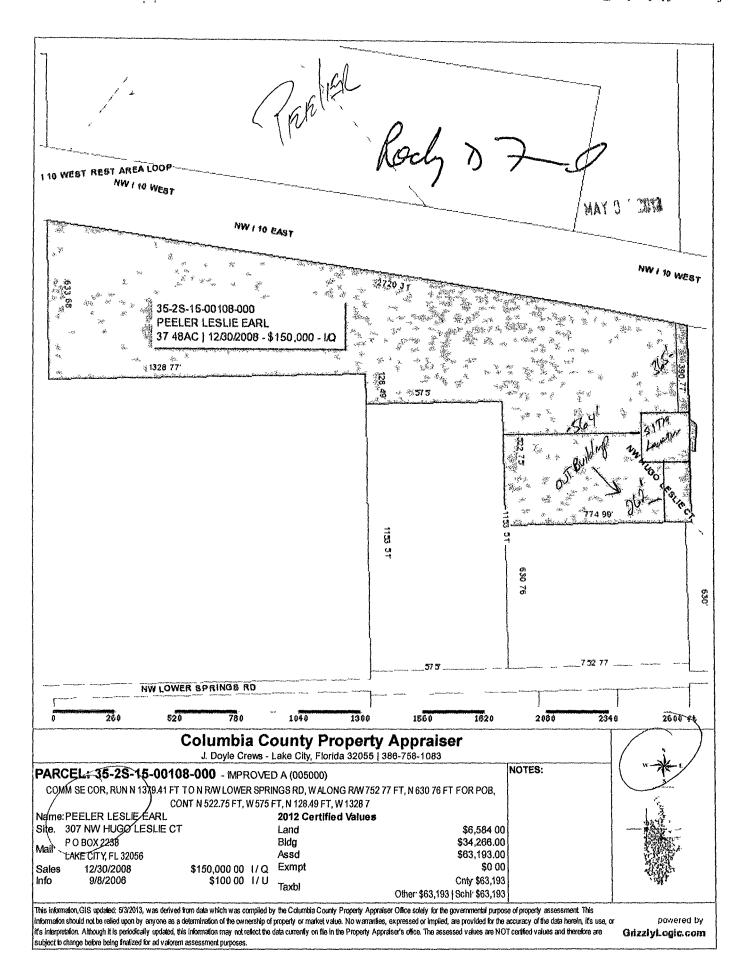
This is to certify that I, (We),	slie Earl Peeler
as the owner of the below described prope	erty:
Property tax Parcel ID number	25-15-00108-000
Subdivision (Name, lot, Block, Phase)	AKA Part Parcel D
Give my permission for	AKA Part Parcel D Peeler to place a
Circle one Mobile Home / Travel Trailer	r / Utility Pole Only / Single Family Home.
permit on the property number I (we) have assessment for solid waste and fire protect	
Owner Signature	Date
Owner Signature	Date
Sworn to and subscribed before me this	·
Notary Public Signature	Notary Printed Name
Notary Stamp/ LAURIE HO MY COMMISSION EXPIRES, July Bonded Thru Notary Po	N# EE 214728 y 14, 2016

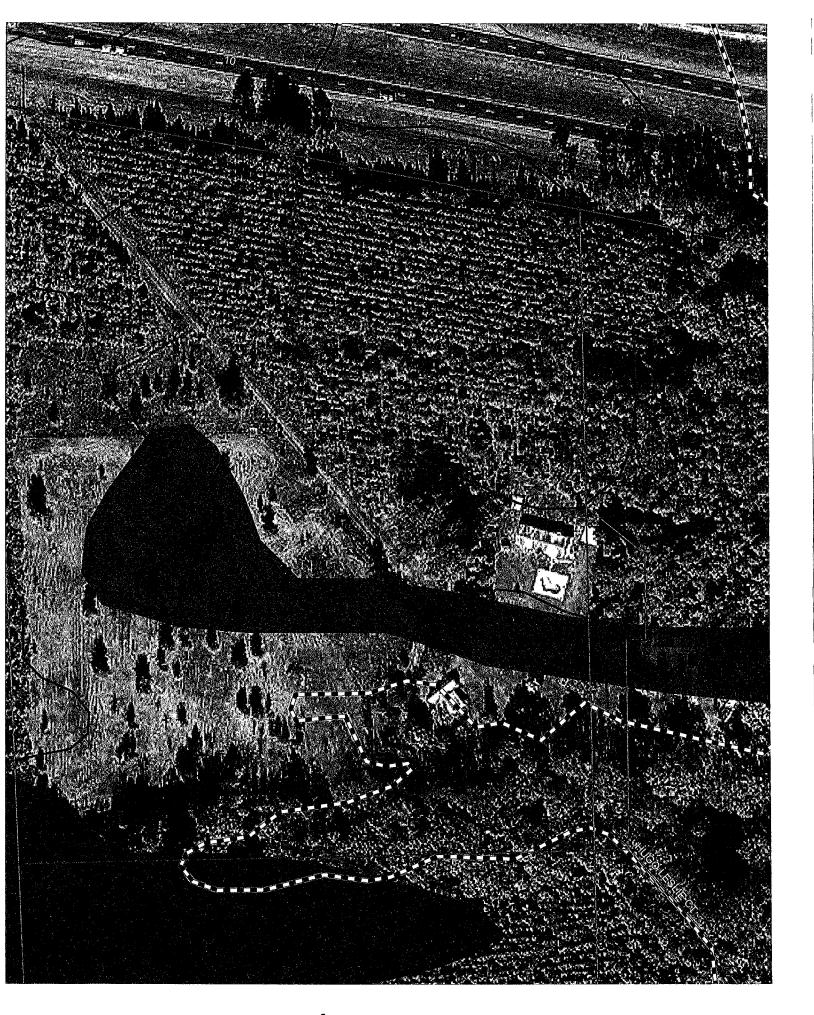
STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Prealise	Permit Application Number 13-0375
Scale: 1 inch = 40 feet.	PART II - SITEPLAN - DE LA SITEPLAN - DE
4 0	163' Supreposed 47'
Notes: 1 of 37.48	BERKS SKR ATTACHED
Site Plan submitted by: Roch Plan Approved Sallu Food E	MASTER CONTRACTOR Not Approved Not Approved Not Approved Not Approved NHAIH DIVECTOR NOT Approved OWNIA County Health Department



1307-57





1307-57