

DATE 3/11/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022898

APPLICANT DEBBIE STEPHENSON PHONE 386.752.3743

ADDRESS 2624 SW NEWARK DRIVE FT. WHITE FL 32038

OWNER DAVIS EARL & JACQUELINE TERRY PHONE 386.497.4745

ADDRESS _____ FL _____

CONTRACTOR TERRY L. THRIFT PHONE 386.623.0115

LOCATION OF PROPERTY 47-S TO US 27, GO 2 BLKS TO LIBRARY,TR, L ON WILSON SPRINGS
RD,GO APPROX 2 1/2 MILES,TR ON NEWARK, 1 MILE, PLAC ON L.

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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 36-6S-15-00604-013 SUBDIVISION 3 RIVERS ESTATES

LOT 14 BLOCK _____ PHASE _____ UNIT 4 TOTAL ACRES 1.00

IH0000036

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____

EXISTING 05-0241-N BLK JDK N

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash 36248

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

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

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

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

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

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

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

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

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 34.02 WASTE FEE \$ 73.50

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 357.52

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

For Office Use Only

Zoning Official

RLK 08.03.05

Building Official

JK

AP# 0503-19

Date Received 3/8/05

By JW

Permit # 22848

Flood Zone X

Development Permit N/A

Zoning A-3

Land Use Plan Map Category A-3

Comments

- 05-0241-N = 36248 =

*911 ADDRESS WILL BE GIVEN LATER: APPOINTMENT WAS NEVER GIVEN TO OWN

simply ENOUGH

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 00-00-00-00604-013 Must have a copy of the property deed

New Mobile Home Used Mobile Home Year 05

Subdivision Information 3 RIVERS ESTATES LOT 14 UNIT 4

Applicant DAVIS EARL + JACQUELINE ANN TERRY / Debbrc Stephenson Phone # 386-497-4745 752-3743-DEBBIE

Address 2624 SW NEWARK DRIVE FT. WHITE, FL 32038

Name of Property Owner DAVIS. + JACQUELINE ANN TERRY Phone# 386-497-4745

*911 Address TBD FOR LOT 14

Circle the correct power company - FL Power & Light - Clay Electric

(Circle One)

Suwannee Valley Electric

Progressive Energy

Name of Owner of Mobile Home DAVIS EARL + JACQUELINE ANN TERRY Phone # 386-497-4745

Address TBD

Relationship to Property Owner BERT: DEBBIE STEPHENSON

Current Number of Dwellings on Property 0

Lot Size Total Acreage 1.00

Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit

Driving Directions FROM LC take Hwy 475 to Ft. White go across Hwy 27 at 261RS turn @ AT FT. WHITE library turn @ ON SW Wilson Springs Rd. go approx. 2 1/2 mi. turn @ ON NEWARK Rd. go 1 mi. prop. located on side on Rd. (HAWAII ROAD)

Is this Mobile Home Replacing an Existing Mobile Home NO

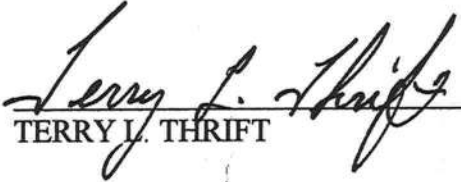
Name of Licensed Dealer/Installer TERRY L. THRIFT Phone # (352) 623-0115

Installers Address 448 NW Nye Hunter DR LAKE CITY, FL 32055

License Number IH-0000036 Installation Decal # 243060

LIMITED POWER OF ATTORNEY

I, TERRY L. THRIFT, LICENSE # IH-0000036 EXPIRING 09-30-2005. DO HEREBY
AUTHORIZE Debbore Stephenson/ JACKIE TERRY TO BE MY REPRESENTATIVE AND
ACT ON MY BEHALF IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME MOVE
ON PERMIT TO BE INSTALLED IN _____ COUNTY, FLORIDA.


TERRY L. THRIFT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
200_____


NOTARY PUBLIC



PERSONALLY KNOWN: ✓
PRODUCED ID: _____

YR _____ MAKE _____ SN# _____

PROPERTY
ID/LOCATION _____

PERMIT NUMBER

Installer TERRY L. Thrift License # TH-0000036

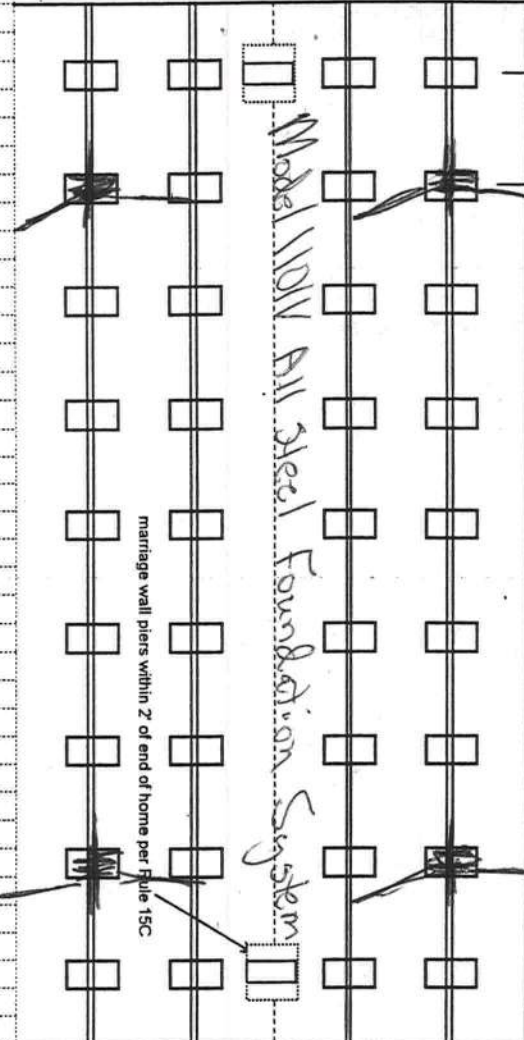
Address of home _____
being installed _____

Manufacturer Destiny Length x width 52' 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 TLT



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 # 243060

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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 17" x 25"

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) _____

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 16' 6" Pier pad size 17' x 25'

ANCHORS

4 ft ☒ 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD) _____ Number 25

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer Oliver Peak _____

Sidewall _____

Longitudinal _____

Marriage wall _____

Shearwall _____

PERMIT NUMBER _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil _____ without testing.

X 2000 290 X 2000 295 X 2000 290

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 2000 250 X 2000 290 X 2000 290

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 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 require anchors with 4000 lb holding capacity.

Installer's initials ILT

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

TERRY J. THIRIFT

Date Tested

3-2-05

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. _____

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: 6" LANS Length: 6'0" Spacing: 24"0"
Walls: Type Fastener: 3/16" x 3" Length: 10" Spacing: 32"0"
Roof: Type Fastener: 1/2" x 3" Length: 10" Spacing: 32"0"
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 YLT

Type gasket Foam Tape

Installed: Between Floors ☒ Between Walls ☒ Bottom of ridgebeam ☒

Weatherproofing

The bottomboard will be repaired and/or taped. ☒ Pg. _____
Siding on units is installed to manufacturer's specifications. ☒
Fireplace chimney installed so as not to allow intrusion of rain water. ☒

Miscellaneous

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

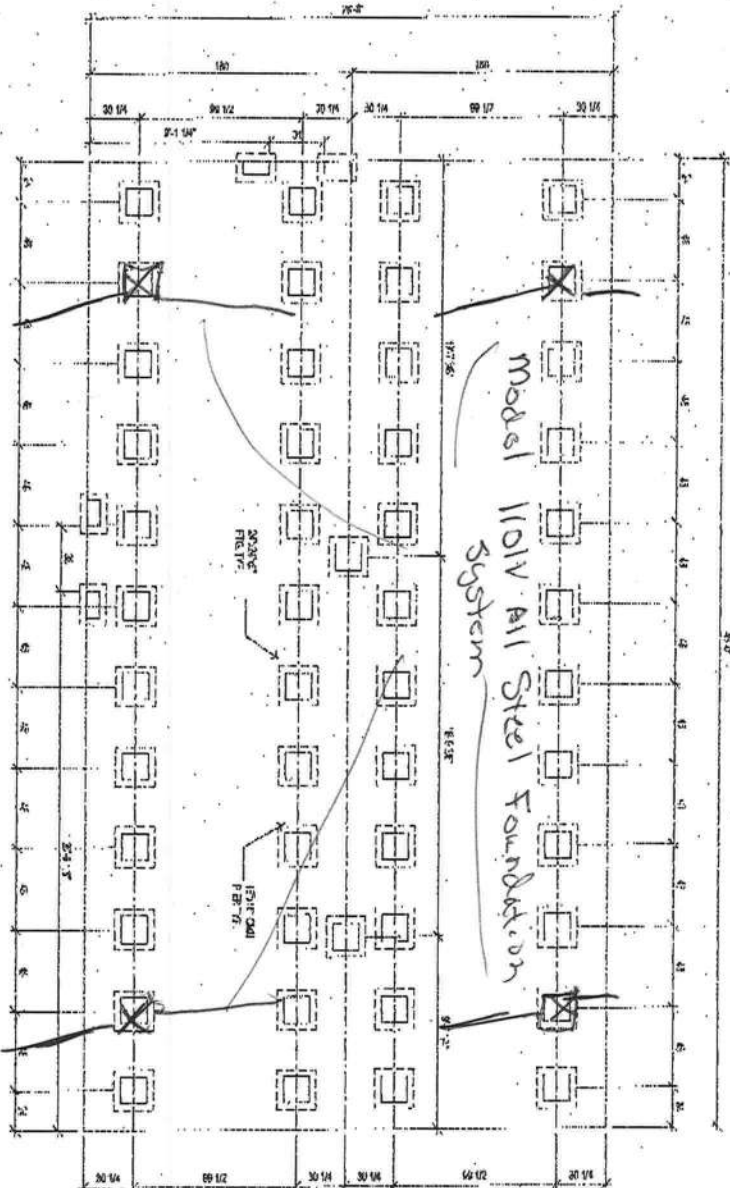
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

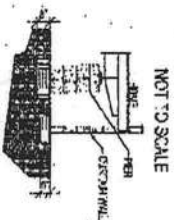
Terry J. Thirift Date 3-2-05

PSF-2000 on 1" x 25" pads at 6' o.c.
Tosque-240 with 3150 lbs at 5' 4" o.c.

28x32 Box



BASE ON 1000 PSI SOIL



NOTES: FOUNDATION ARCHITECTURE FOR 4, 000,000. MATERIALS USED INCLUDES LAST CLAMP, Y-W-1-THE RELAYMENTS OF THE CONCRETE RUST ALUMINUM MIXTURE. THIS DRAWING IS NOT A REPRESENTATION. DRAWING AND DOES NOT REPRESENT THE MATERIAL REQUIREMENTS. IT IS A TYPICAL REPRESENTATION OF A REPRESENTATION.

[illegible]

4. OUTERM WALL IS A BRICK CHIMNEY ON A FLAT CONCRETE FOUNDATION.
5. PLASTER ARE PLASTER CHIMNEY AND ARE REINFORCED WITH CURTAIN WALL REINFORCEMENT.
6. CHIMNEY SPACE TO BE COVERED WITH G.M. POLY. WIND BARRIER.

7. PER CAPITIES 27 ADE - 4740
PER CAPITIES 27 ADE - 6084
PER CAPITIES 27 ADE - 5094
8. SOL. SEWER CAPACITY - 200000 GPD
9. FOG/ANTRIMITE - ALL APPLICABLE
10. STATE AND LOCAL BUILDING CODES
11. RAISE SPRING - 400000 # NECESSARY TO
CARRY PERS.

1- DO NOT ALTER THE BEAMS, JOINTS OR
CR. CROSSMEMBERS
2- FOR F-A APPROX. 35% OF THE BEAM
F-A DIMENSIONS WHICH MAY BE INCREASED
REQUIREMENTS.

DESTINY LLC
DRAFTING SERVICES DEPT.
205 R.W. SRYANT ROAD
MCULTREE, GEORGIA 31756
PHONE: 7-444-782-6700

REVISED

0-4561-6
TLE

FLORIDA FOUNDATION PLAN

LEADING THE WAY

28X52 3ER-25

CONWAY BR :
DONNY PHIL

PRODUCT	SOUTH-SPY PAIR	ACCT NO.	DS23-06-96
DATE	3-26-2004	KT. FT.	1289
SHEET	1-B17	REVISED	-

@ CAM112M01CamaUSA Appraisal SystemColumbia County
3/08/2005 9:04 Legal Description Maintenance10200 Land 002 *
Year T PropertySelAG 000
2005 R 00-00-00-00604-01374165 Bldg 001
2624 NEWARK DR SW FT WHITE6884 Xfea 003
HX TERRY DAVIS E & JACQUELINE A91249 TOTALB*

1	LOTS 13 & 14, UNIT 4 THREE	RIVERS ESTATES, ORB 597-564,	2
3	873-717.		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 9/24/1999 WANDA
F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

00-00-00-00604-013

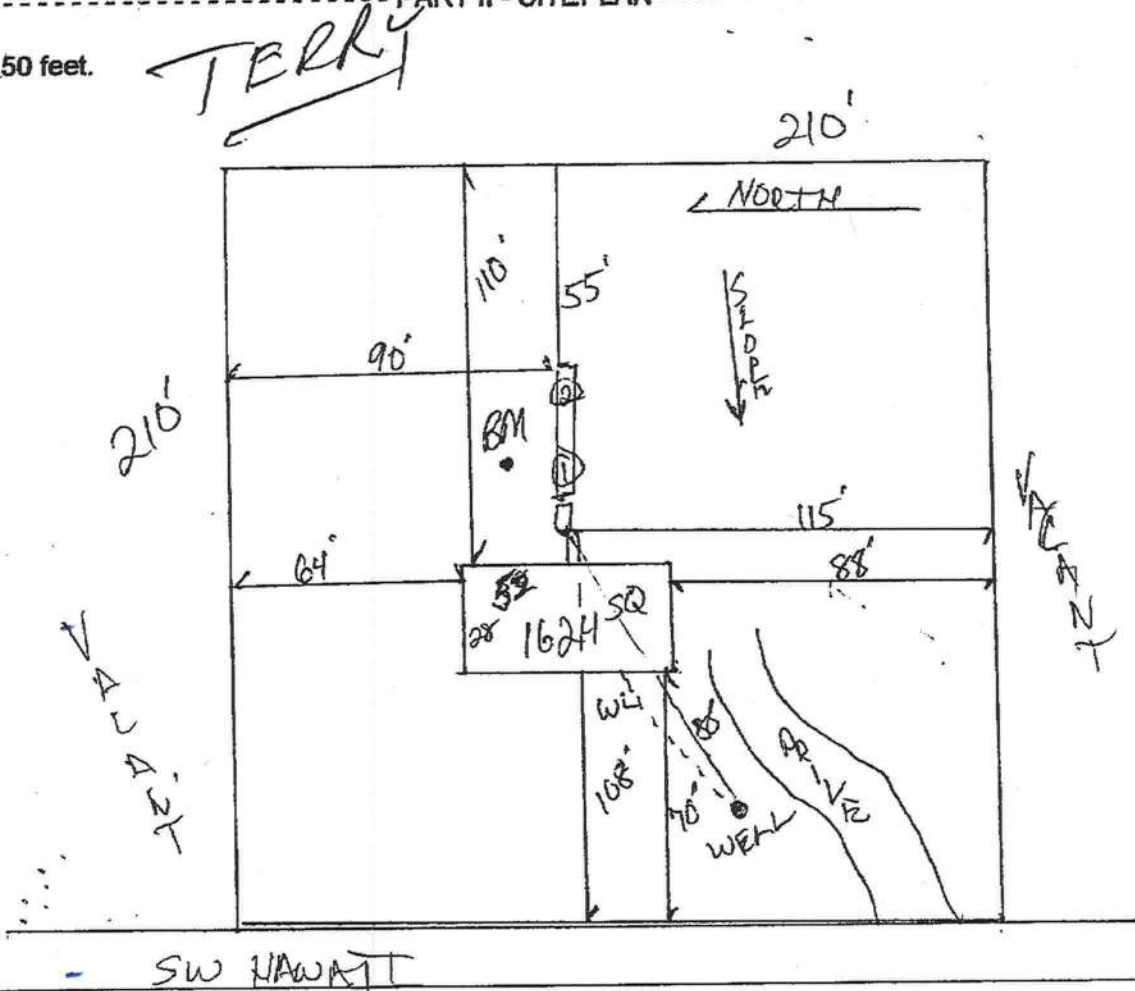
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes:

3 RIVERS EST. LOT 14 UNIT 4

Site Plan submitted by: _____

Plan Approved _____

By _____

Not Approved _____

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)
(Stock Number: 5744-002-4015-6)

Page 2 of 4

0503-19



RON E. BIAS WELL DRILLING

RT.2 BOX 5340

FT. WHITE, FLORIDA 32038

(904) 497-1045

MOBILE: 364-9233

TO: Columbia County Building Department

Description of well to be installed for Customer: TERA

Located at Address: HAWAII KELLACK

1 hp - 1 1/2" drop over 86 gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.

Ron Bias
Ron Bias

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * 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 ISSUED: March 17, 2005

ENHANCED 9-1-1 ADDRESS:

255 SW HAWAII TER (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 15D

PROPERTY APPRAISER PARCEL NUMBER: 00-00-00-00604-013

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOTS 13 & 14, UNIT 4 THREE RIVERS ESTATES S/D

(2ND LOCATION ON PARCEL) _____

Address Issued By: _____

Columbia County 9-1-1 Addressing Department

**COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED**

COLUMBIA COUNTY
FLORIDA

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 36-6S-15-00604-013

Building permit No. 000022898

Permit Holder TERRY L. THRIFT

Owner of Building DAVIS EARL & JACQUELINE TERRY

Location: 255 SW HAWAII TERR, FT. WHITE, FL



Date: 04/15/2005

Harry Hicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)