

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

10863

For Office Use Only

(Revised 7-1-15)

Zoning Official RHS

Building Official P.C. 12-15-17

AP# 1712-19 Date Received 12/8 By Stu Permit # 36124 / 2512

Flood Zone X Development Permit \_\_\_\_\_ Zoning A-3 Land Use Plan Map Category A

Comments Legal Nonconforming Lot - parent parcel split by SW CR 18

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor 1 above River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 17-078LN ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # R-04080-001 ☐ STUP-MH \_\_\_\_\_ ☒ 911 App

☐ Ellisville Water Sys ☐ Assessment Paid on Property ☐ Out County ☒ In County ☒ Sub VF Form

\* Needs new parcel #

Property ID # 36-6S-16-04080-001 (Parent) Subdivision NA Lot# \_\_\_\_\_

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 28 x 66 Year 1992

▪ Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311

▪ Address 546 SW Dortch Street, Fort White, FL, 32038

▪ Name of Property Owner Marlon Daies Phone# 386-590-4665

▪ 911 Address 3572 SW CR 18, Ft. White, FL 32038

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

▪ Name of Owner of Mobile Home Same Phone # Same

Address 369 Sanoma Way, Fort White, FL 32038

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0

▪ Lot Size 331 x 265 Irregular Total Acreage 1.68

▪ 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

▪ Driving Directions to the Property 441 South, TR CR 18, 3.5 mile on left (900' past Legree)

 SCANNED

▪ Name of Licensed Dealer/Installer Fermon Jones Phone # 352-318-4711

▪ Installers Address 6795 SW 71st Ave, Lake Butler, FL, 32054

▪ License Number IH-1025418 Installation Decal # 45219

Stu sent email 12.8.17  
" " " 12.20.17

# Mobile Home Permit Worksheet

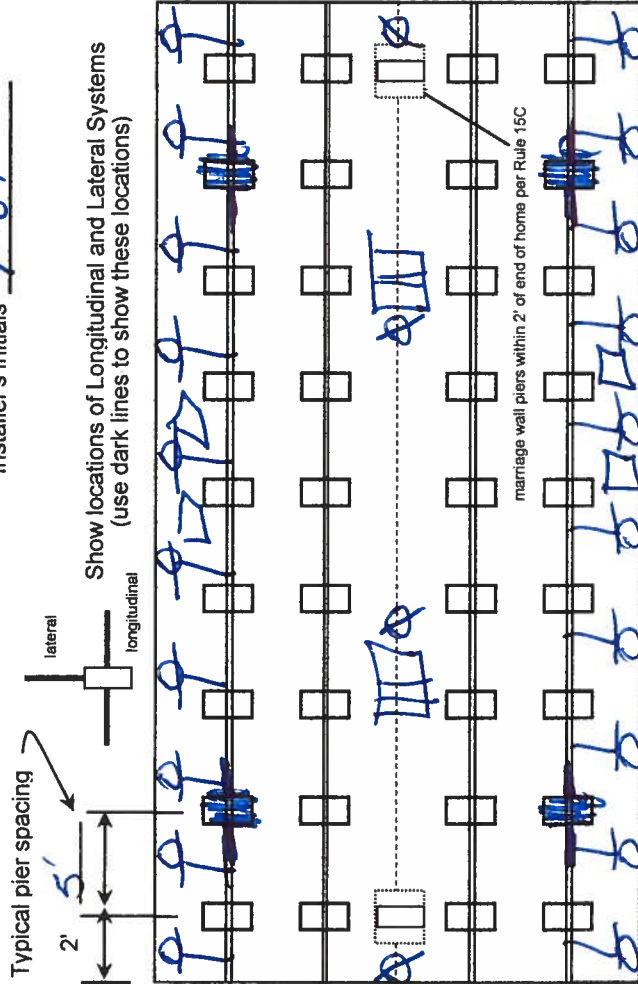
Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Installer: Fernando Jones License # TH1025418  
 Address of home being installed: 369 SW Sonoma Way  
Fort Moore Fort White, FL 32038  
 Manufacturer: \_\_\_\_\_ Length x width: 32 x 80

**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: F.J.



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 # 45219

Triple/Quad ☐ Serial # 91095421AFK

## 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 12x25  
 Perimeter pier pad size 16x16  
 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 12' grade Pier pad size 23x31

## 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

## OTHER TIES

Number mfg  
 Sidewall 4  
 Longitudinal 2  
 Marriage wall 2  
 Shearwall 2

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer Oliver Tech  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer Oliver Tech

# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

## POCKET PENETROMETER TEST

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

x 1200 x 1000 x 1000

## 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 1200 x 1000 x 1000

## TORQUE PROBE TEST

The results of the torque probe test is \_\_\_\_\_ 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 F.S.

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ferman Jones

Date Tested 8-23-17

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 24"  
Walls: Type Fastener: lag screws Length: 6" Spacing: 24"  
Roof: Type Fastener: lags Length: 6" Spacing: 24"  
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 F.S.

Type gasket rolled foam Installed: \_\_\_\_\_  
Pg. 17  
Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 17  
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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Ferman Jones

Date 8/23/17





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 AGENT AUTHORIZATION

I, Ferman Jones, give this authority and I do certify that the below  
Installers Name

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	Agents Company Name
<u>Dale Bural</u>	<u>[Signature]</u>	<u>ADB Lenses</u>
<u>Rocky Ford</u>	<u>[Signature]</u>	<u>ADB Lenses</u>

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.

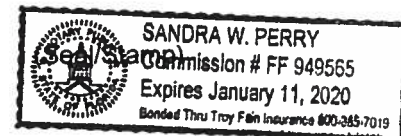
[Signature] License Holders Signature (Notarized) 1H1025715 License Number 3/20/17 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Ferman Jones, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 20 day of 2 March, 20 17.

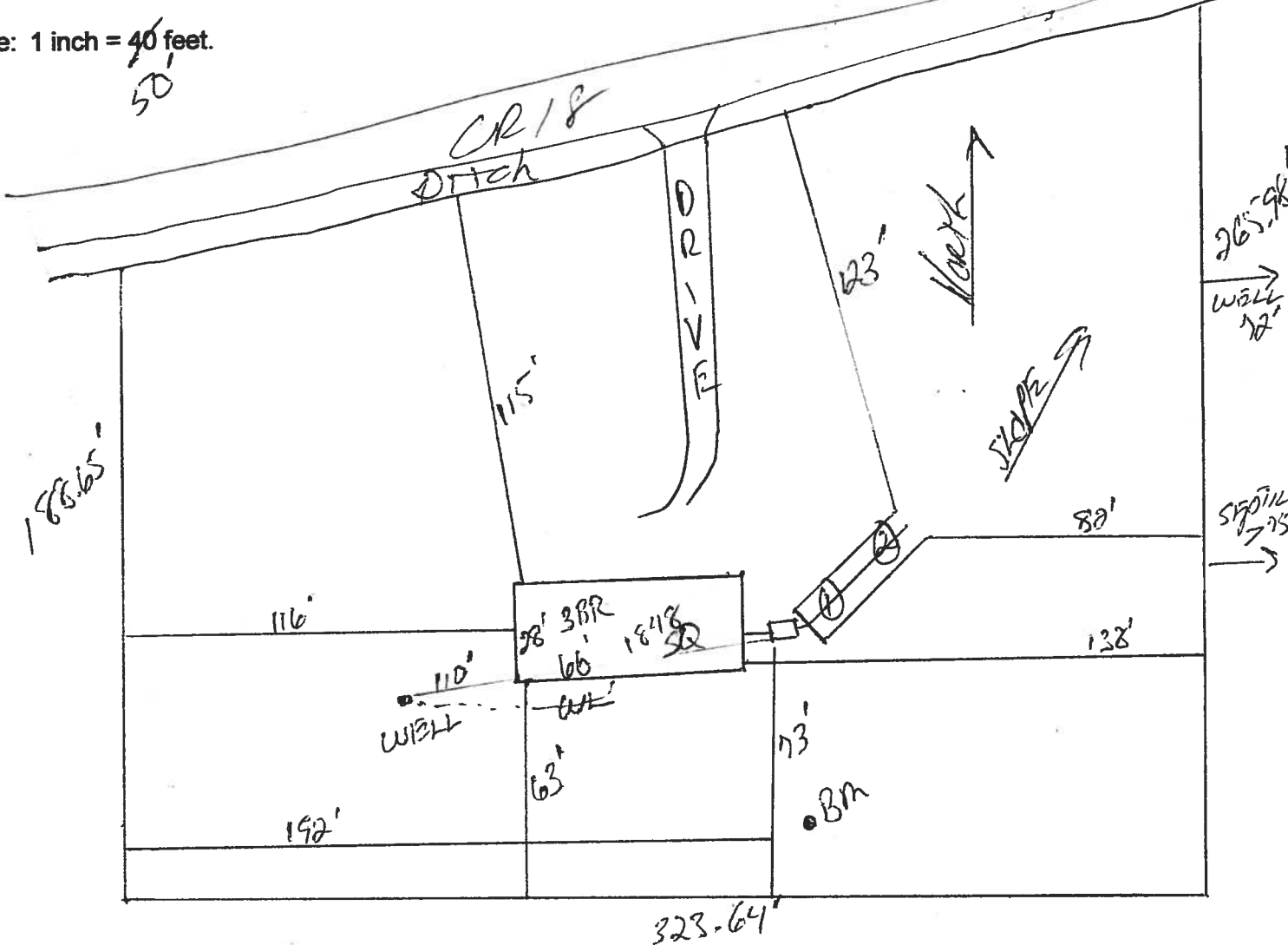
[Signature]  
NOTARY'S SIGNATURE



## Permit Application Number \_\_\_\_\_

## PART II - SITEPLAN

50



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

**Site Plan submitted by:**

Plan Approved\_\_\_\_\_

By \_\_\_\_\_

**MASTER CONTRACTOR**

Date \_\_\_\_\_

**County Health Department**

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
 (Stock Number: 5744-002-4015-6)

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

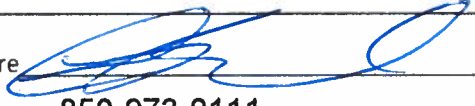
APPLICATION NUMBER 1712-19 CONTRACTOR Fermon Jones PHONE 352-318-4711

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

Daies

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.*

<b>ELECTRICAL</b> ✓ 1338	Print Name <u>Micheal Reader / Madison Services</u> Signature  License #: <u>EC1302315</u> Phone #: <u>850-973-0111</u> Qualifier Form Attached <input checked="" type="checkbox"/>
<b>MECHANICAL/</b> <b>A/C</b> _____	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>

*Qualifier Forms cannot be submitted for any Specialty License.*

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.

Revised 10/30/2015



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

### LICENSED QUALIFIER AUTHORIZATION

I, Michael Reader (license holder name), licensed qualifier  
for Madison Services LLC (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 and  
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Robert D Ford</u>	1. <u>[Signature]</u>
2. <u>Dale R Ford</u>	2. <u>[Signature]</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.

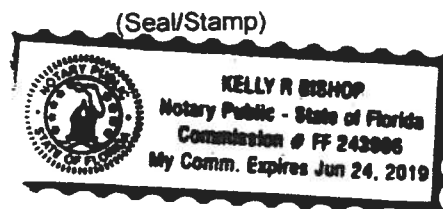
Michael Reader License Qualifiers Signature (Notarized) EL13702515 License Number 11/2/15 Date

#### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Reader,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 2 day of Nov, 2015.

Kelly Bishop  
NOTARY'S SIGNATURE



Doc. Fee 5.50  
Doc Stamp Fee 70.00  
Intang Tax             
Total 8105.50  
UG-16615

THIS INSTRUMENT PREPARED BY AND RETURN TO:

**BETH GODWIN**

U.S. TITLE

2622-B2 NW 43rd Street

Gainesville, FL 32606

Our File No.: UG-16215

Property Appraisers Parcel Identification (Folio) Number: 36-6S-16-04080-001 A Part Of  
Florida Documentary Stamps in the amount of \$70.00 have been paid hereon.

Inst: 201712021572 Date: 11/27/2017 Time: 10:33AM  
Page 1 of 4 B: 1348 P: 1792, P.DeWitt Cason, Clerk of Court  
Columbia County, Fl: BD  
Deputy Clerk Doc Stamp-Deed: 70.00

SPACE ABOVE THIS LINE FOR RECORDING DATA

## **WARRANTY DEED**

**THIS WARRANTY DEED**, made the 10th day of November, 2017 by Betty S. Barker, An Unremarried Widow, as to a Life Estate and Larry J. Barker and Vanessa L. Barker, his wife, as to a remainder interest, whose post office address is 7956 Seahaven Court, Jacksonville, Fl 32244 and 4621 Astible Circle NW Acworth, Ga. 30102 herein called the Grantors, to **MARLON BERNARD DAIES, A Married Man** whose post office address is 369 Sonoma Way, Ft. White, Fl 32038, hereinafter called the Grantee:

*(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)*

**WITNESSETH:** That the Grantors, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land situate in ALACHUA County, State of Florida, viz.:

**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

Subject to easements, restrictions and reservations of record and taxes for the year 2018 and thereafter.

**GRANTORS WARRANT THAT THIS IS NON HOMESTEAD PROPERTY.**

**TOGETHER**, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**TO HAVE AND TO HOLD**, the same in fee simple forever.

**AND**, the Grantors hereby covenant with said Grantee that the Grantors are lawfully seized of said land in fee simple; that the Grantors have good right and lawful authority to sell and convey said land, and hereby warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2017.



IN WITNESS WHEREOF, the said Grantors have signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

[Signature]  
Witness #1 Signature

Megan Gehling  
Witness #1 Printed Name

[Signature]  
Witness #2 Signature

D. Smith  
Witness #2 Printed Name

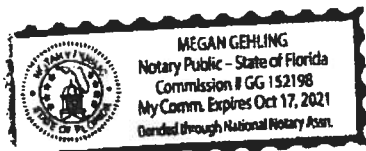
[Signature]  
Betty S. Barker

State of Florida

County of Dade

The foregoing instrument was acknowledged before me this <sup>18<sup>th</sup></sup> ~~10<sup>th</sup>~~ day of November, 2017, by Betty S. Barker who are personally known to me or have produced Drivers License as identification and ☒ did ☐ did not take an oath.

SEAL



[Signature]  
Notary Public

Megan Gehling  
Printed Notary Name

My commission expires:

10-17-21

IN WITNESS WHEREOF, the said Grantors have signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness #1 Signature

Witness #1 Printed Name

Witness #2 Signature

Witness #2 Printed Name

Larry J. Barker

Vanessa L. Barker

State of Georgia

County of Bartow

The foregoing instrument was acknowledged before me this 10th day of November, 2017, by Larry J. Barker and Vanessa L. Barker who are personally known to me or have produced GADL # 05554296 as identification and ☐ did ☒ did not take an oath.

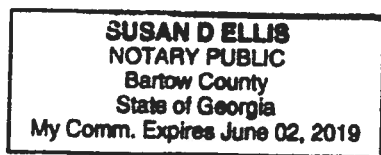
GADC # 627594788

SEAL

Notary Public

Printed Notary Name

My commission expires: 6-2-2019



**Exhibit "A"**

**Legal Description for File No.: UG-16215**

**Part of the South 1/2 of the Northeast 1/4 of Section 36, Township 6 South, Range 16 East, Columbia County, Florida, being more particularly described as follows:**

**For point of reference commence at the Southeast corner of said Northeast 1/4, thence run N 89 degrees 48'41" W, along the South line of said Northeast 1/4, a distance of 662.18 feet to the East line of the West 18 1/3 acres of the East 59 acres of said Section 36 and the Point of Beginning; thence continue N 89 degrees 48'41" W, along said South line, a distance of 323.64 feet to the West line of the West 18 1/3 acres of the East 59 acres of said Section 36; thence run N 0 degrees 24'13" W, along said West line of the West 18 1/3 acres of the East 59 acres of said Section 36, a distance of 188.66 feet to a point on the South Right of Way line of County Road No. 18, said point being in a curve concaved Northwesterly having a radius of 3869.83 feet; thence run along and around said curve and said South Right of Way line, a chord bearing and distance of N 76 degrees 41'49" E, 331.41 feet to a point on the East line of the West 18 1/3 acres of the East 59 acres of said Section 36; thence run S 0 degrees 31'44" E, along said East line of the West 18 1/3 acres of the East 59 acres of said Section 36, a distance of 265.98 feet to the point of Beginning.**

d/b/a **RON E. BIAS**

1114 SW Troy St. • Lake City, FL 32024  
(386) 752-3456 • Mobile: (386) 364-9233  
**PUMP REPAIR: E.E. Bias, Jr. (352) 318-6289**

No.: \_\_\_\_\_

Date: \_\_\_\_\_

Name: DAIES

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

DESCRIPTION: Pie  
4" deep well down to 100'

1 Hp. sub pump 20 GPM  
80 + Gallon captive tank  
1 3/4 drop pipe  
cp valve  
Hose bib

SRWMD Permit

#1930-REB  
State spec.

Total: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance: \_\_\_\_\_

Date Wanted: \_\_\_\_\_

Authorized By: Ron E Bias

Received By: \_\_\_\_\_

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1712-19 CONTRACTOR Fermon Jones PHONE 352-318-4711

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

Daies

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.*

ELECTRICAL	Print Name <u>Micheal Reader / Madison Services</u> Signature _____ License #: <u>EC1302315</u> Phone #: <u>850-973-0111</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Madison Jones</u> Signature <u>Madison Jones</u> License #: <u>OWNERS</u> Phone #: <u>352-274-9326</u> Qualifier Form Attached <input type="checkbox"/>



Dale Richard Burd  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF133205  
Expires 7/16/2018

*Qualifier Forms cannot be submitted for any Specialty License.*

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.

Revised 10/30/2015





COLUMBIA COUNTY BUILDING DEPARTMENT

Application # 1712.19

PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid y

DATE RECEIVED 12/8 BY [Signature] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Marlon Daies PHONE  CELL 352-590-4665

ADDRESS 369 Sanoma Way, Fort White, FL, 32038

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 47 South to Fort White, Just south of entrance to Library (In front of storage units)

MOBILE HOME INSTALLER Fermon Jones PHONE  CELL 352-318-4711

MOBILE HOME INFORMATION

MAKE Palm Harbour YEAR 1992 SIZE 28 x 66 COLOR White

SERIAL No. PH095421AFL

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:

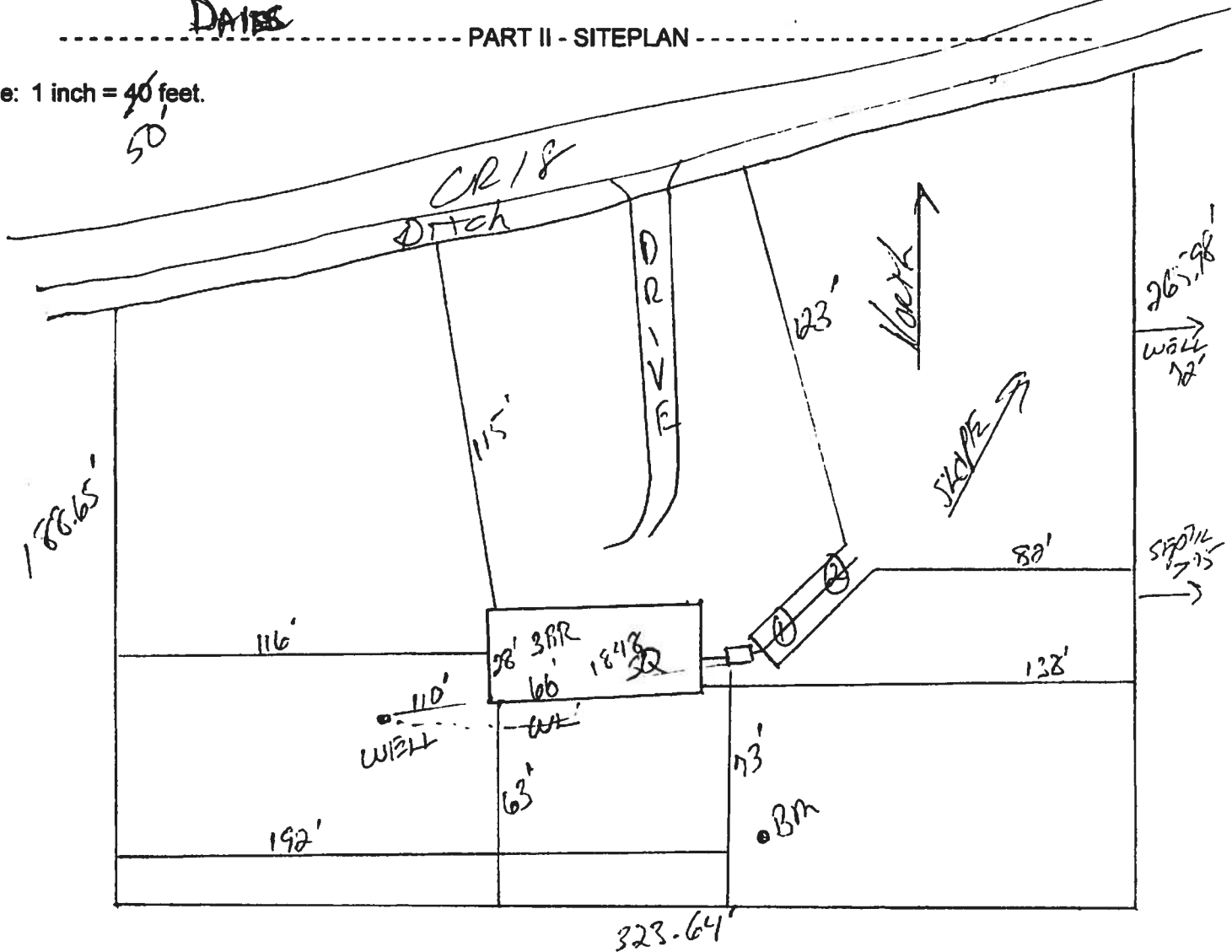
NOT APPROVED  NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

BUILDING INSPECTOR'S SIGNATURE [Signature] ID NUMBER 306 DATE 12-11-12

Permit Application Number 17-0781N

DAIES

**Scale: 1 inch = 40 feet.**



**Notes:**

**Site Plan submitted by:**

### Plan Approved

**Not Approved**

Date 12-13-17

By Salli and Env Health Director - Columbia

**County Health Department**

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
(Stock Number: 5744-002-4015-6)



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

PERMIT NO. 17-0781 N  
DATE PAID: 12/8/17  
FEE PAID: 315.00  
RECEIPT #: 131570.2

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Marlon Daies

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 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: na BLOCK: na SUB: Metes & Bounds PLATTED: \_\_\_\_\_

PROPERTY ID #: 36-6S-16-04080-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.68 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: CR 18, Fort White, Fl, 32038

DIRECTIONS TO PROPERTY: 441 South, TR CR 18, 3.5 miles on left (900' past Legree)

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
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1	SF Residential	3	1848	
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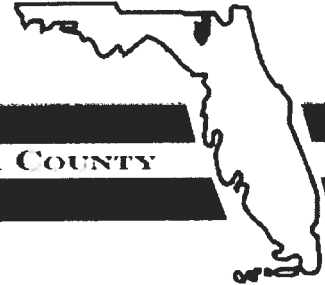
2				
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3				
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☒ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_

SIGNATURE: Rocky Ford DATE: 12/7/2017

District No. 1 - Ronald Williams  
District No. 2 - Rusty DePratter  
District No. 3 - Bucky Nash  
District No. 4 - Everett Phillips  
District No. 5 - Tim Murphy



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**Address Assignment and Maintenance Document**

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **12/15/2017 4:06:45 PM**  
Address: **3572 SW COUNTY ROAD 18**  
City: **FORT WHITE**  
State: **FL**  
Zip Code **32038**

Parcel ID **04080-001**

REMARKS: Address for proposed structure on parcel.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

**263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)**

## Janice Williams

---

**From:** A & B Construction <rockyford@windstream.net>  
**Sent:** Wednesday, December 20, 2017 2:37 PM  
**To:** Janice Williams  
**Cc:** Brandon Stubbs  
**Subject:** RE: 911 address App #1712-19

**Expires:** Monday, June 18, 2018 12:00 AM

Per property appraiser the new parcel number assigned is all the same except the last 3 are 002

Thank you,

Dale Burd  
A & B

**From:** Janice Williams [mailto:janice\_williams@columbiacountyfla.com]  
**Sent:** Wednesday, December 20, 2017 11:25 AM  
**To:** 'A & B Construction'  
**Subject:** RE: 911 address App #1712-19

Dale,

Final update needed prior to Permit Issuance as per Brandon's request, a new parcel number is will need to be obtained from PA.....

Thanks!

**From:** Janice Williams  
**Sent:** Friday, December 15, 2017 4:55 PM  
**To:** 'A & B Construction' <rockyford@windstream.net>  
**Subject:** RE: 911 address App #1712-19

😊😊😊

**From:** A & B Construction [mailto:rockyford@windstream.net]  
**Sent:** Friday, December 15, 2017 4:39 PM  
**To:** Janice Williams <janice\_williams@columbiacountyfla.com>  
**Cc:** Laurie Hodson <laurie\_hodson@columbiacountyfla.com>  
**Subject:** 911 address App #1712-19

Good afternoon,

Please see attached.

D. Burd

**From:** A & B Construction [mailto:rockyford@windstream.net]  
**Sent:** Friday, December 08, 2017 8:38 AM