

NO Charge
Sinkhole Opened under M/H - See Paperwork

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BKR 8 April 2013 Building Official TC 4-5-13
 AP# 1304-07 Date Received 4-2-13 By LH Permit # 30929
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments _____
 FEMA Map# N/A Elevation N/A Finished Floor about 1' River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13-0190 ☐ 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 *per Troy - not required*

Property ID # 06-6516-03784-120 Subdivision Ichetucknee Wilderness *5/6 Unrec. per 21*
 • New Mobile Home _____ Used Mobile Home ☒ MH Size 32x76 Year 2004
 • Applicant Jeff Hardee Phone # 352 949 0592
 • Address 6450 NW 72nd Lane Chiefland FL 32626
 • Name of Property Owner Kenneth Germaine Phone# 386 499 2096
 • 911 Address 134 SW Quarter Ln Ft 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 Kenneth Germaine Phone # 386 499 2096
 Address 134 SW Quarter Ln Ft White FL 32038
 • Relationship to Property Owner owner
 • Current Number of Dwellings on Property one *(moving 200' on same property)*
 • Lot Size 330 x 660 Total Acreage 5.04
 • 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 moving here over due to sinkhole
 • Driving Directions to the Property 47 South +/R Herlag 7/R Drew Feagle
7/L @ SW Quarter Ln 1st DW on left
 • Name of Licensed Dealer/Installer RODNEY FEAGLE Phone # 352 949 8383
 • Installers Address 225 CAPITAL ST. BRONSON FL 32621
 • License Number 141025288 Installation Decal # 15802

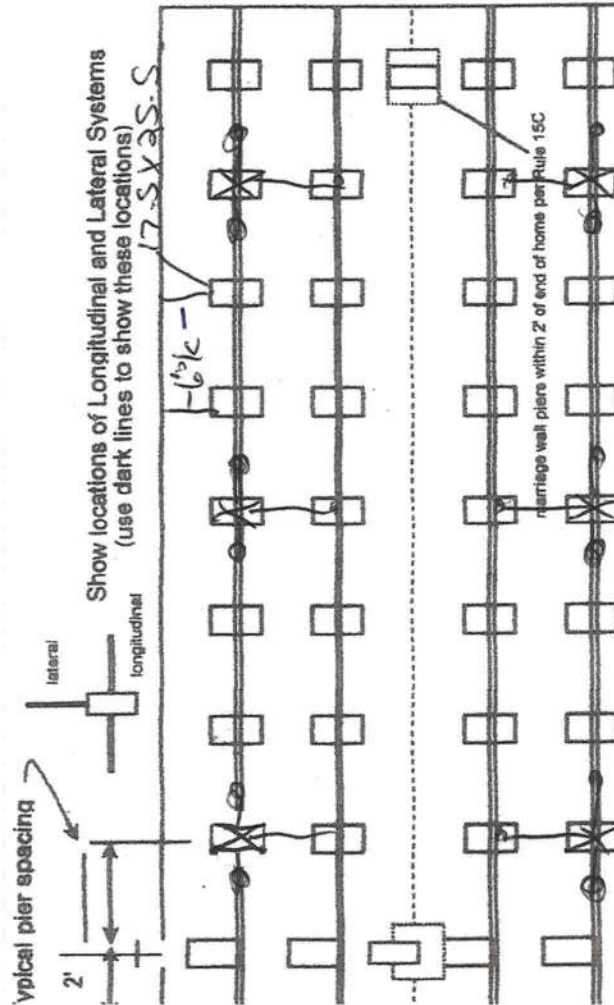
Spoke to Jeff 4/9/13

Installer ROONEY EAGLE License # I41025288
 Manufacturer SKYLINE Length x Width 32 x 76
 Name of Owner of this Mobile Home KENNETHA OR LINDA
 Home 386-497-2096 or cell 319-4344 GERMAINE
 Address 134 SW Quarter Lane, Ft. White, FL

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 RF



New Home ☐ Used Home ☒ Year 2004
 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 # 15802
 Triple/Quad ☐ Serial # 0360 A-13

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'		4'	5'	6'	7'	8'
1500 psf	4'	4'	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7'	7'	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 17.5 x 25.5
 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
8'0" x 23.5 x 31.5
8'0" x 23.5 x 31.5
8'0" x 23.5 x 31.5

TIEDOWN COMPONENTS

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

OTHER TIES

Number 30
 Sidewall 30
 Longitudinal 30
 Marriage wall N/A
 Shearwall N/A

ANCHORS

4 ft 5 ft

FRAME TIES

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

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1500 x 1500 x 1500

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 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

RODNEY FEAGLE

Date Tested

4-1-13

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8" Length: 6" Spacing: 18"
Walls: Type Fastener: 1/2" Length: 3" Spacing: 24"
Roof: Type Fastener: 1/2" Length: 3" Spacing: Full
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

KF

Type gasket

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

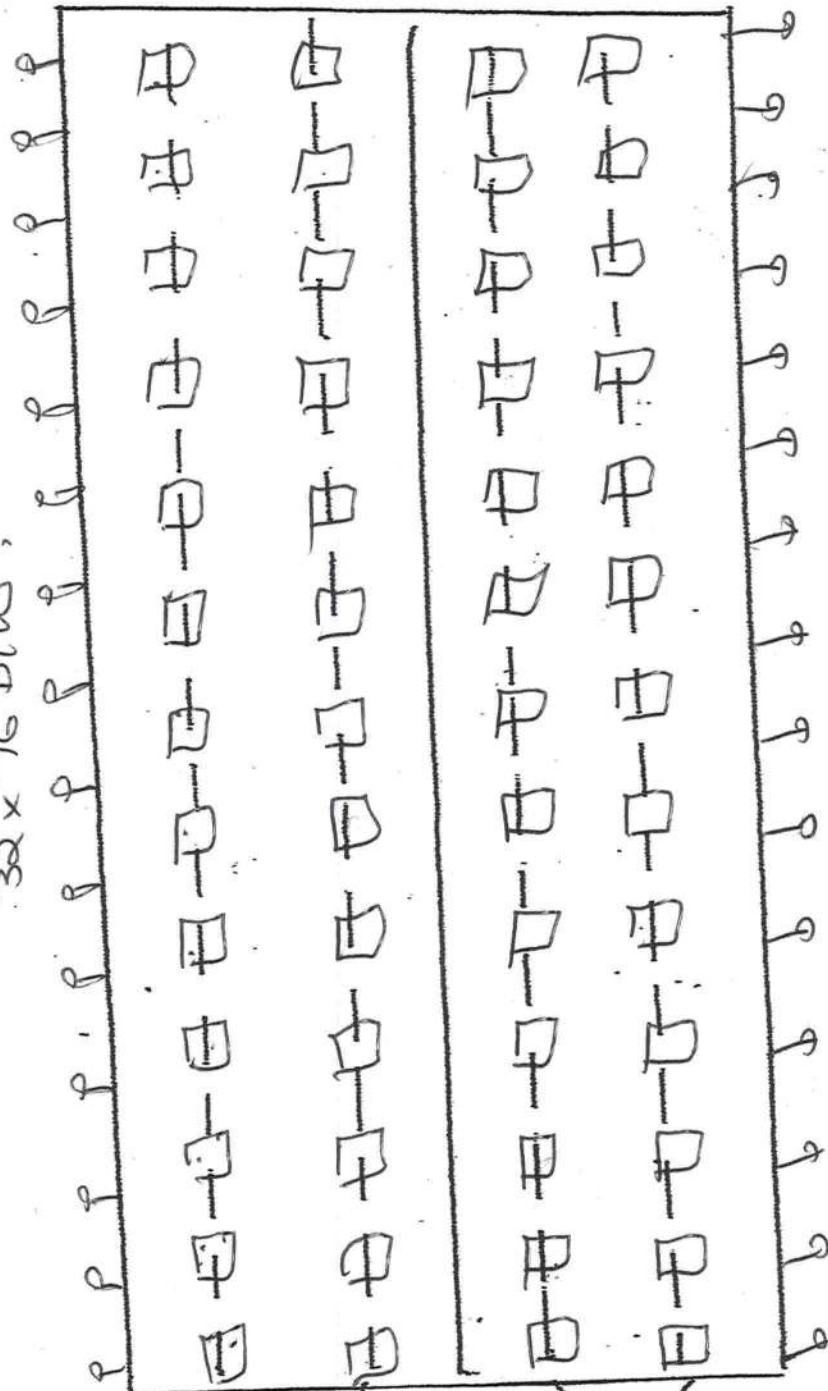
Installer Signature

Date

4-1-13

LINDA OR KENNETH
GERMANY

BLOCKING DIAGRAM -
32 x 76 o/w.



□ - PAD 17.5 x 25.5 b'dc 13 per mil.

⊠ - LSD x 6 systems (Oliver Tech)

⊡ - ANCHORS 4ft. ⊡ 5'4" o/c. 15 per side

LINDA & KENNETH BERMAINE,

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

15802

LABEL #

DATE OF INSTALLATION

RODNEY L. FEAGLE

NAME

IH / 1025288 / 1

1128

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME
IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249,
320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR
VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2
YEARS. YOU ARE REQUIRED
TO PROVIDE COPIES WHEN
REQUESTED.

COPY OF DECAL TO BE
PUT ON HOME AT SET,

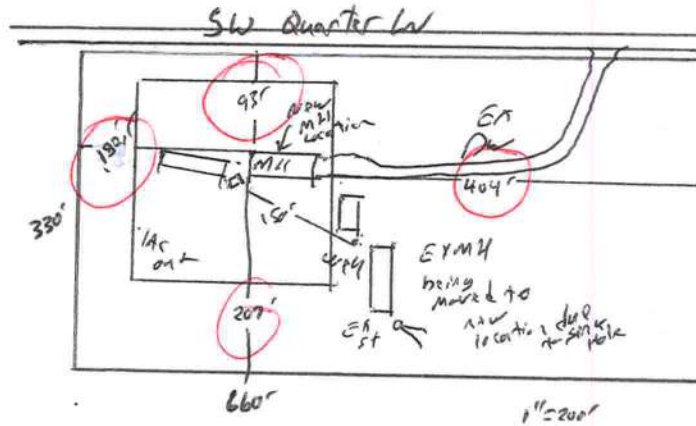
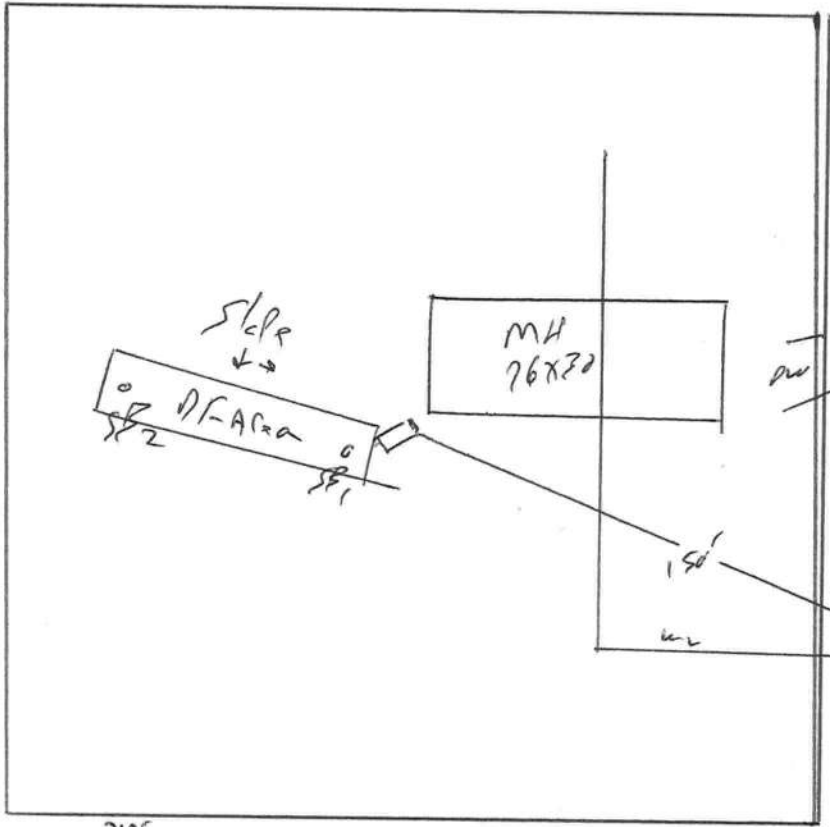
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

Germaine 6-6-16-03734-120

PART II - SITEPLAN

1"=50'



Notes: _____

Site Plan submitted by: John Hart

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, RODNEY FEAGLE, give this authority for the job address show below
Installer License Holder Name

only, 134 SW QUARTER LANE FT. WHITE FL and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control
and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
<u>JEFF HARDEE</u>	<u>[Signature]</u>	☒ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license
holder for violations committed by him/her or by his/her authorized person(s) through this
document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature] License Holders Signature (Notarized) 1H1025288 License Number 4-1-13 Date

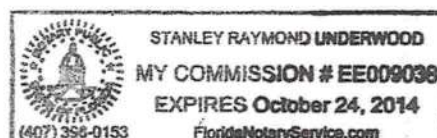
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: LEWY

The above license holder, whose name is Rodney Feagle,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 1st day of April, 2013.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-07 CONTRACTOR ROONEY FEAGLE PHONE 352 949-8383

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.

ELECTRICAL	Print Name <u>KENNETH GERMAINE</u> License #: <u>Owner</u>	Signature <u>Kenneth Germaine</u> Phone #:
MECHANICAL/ A/C	Print Name <u>KENNETH GERMAINE</u> License #: <u>Owner</u>	Signature <u>Kenneth Germaine</u> Phone #:
PLUMBING/ GAS	Print Name <u>ROONEY FEAGLE</u> License #: <u>TH1025282</u>	Signature <u>[Signature]</u> Phone #: <u>352 949-8383</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.

This Instrument Prepared by & return to:

Name: JOYCE KIRPACH, an employee of
TITLE OFFICES, LLC
Address: 1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025
File No. 05Y-01072JK

Inst: 2005004102 Date: 02/22/2005 Time: 16:05
Doc Stamp-Deed : 200.00

DC, P. DeWitt Cason, Columbia County B: 1038 P: 1838

Parcel I.D. #: 03784-120

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 18th day of February, A.D. 2005, by

JAMES R. HALL and RONDA K. HALL, HIS WIFE, hereinafter called the grantors, to
KENNETH LOUIS GERMAINE and LINDA LANDERS GERMAINE, HIS WIFE, whose post office address is
1550 CARRIE WAY, WEST PALM BEACH, FL 33417, hereinafter called the grantees:

(Wherever used herein the terms "grantors" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of FLORIDA, viz:

LOT 20 OF AN UNRECORDED SUBDIVISION KNOWN AS ICHETUCKNEE WILDERNESS,
MORE PARTICULARLY DESCRIBED AS:

TOWNSHIP 6 SOUTH, RANGE 16 EAST

SECTION 6: NORTH 1/4 OF SOUTHEAST 1/4 OF SOUTHEAST 1/4. SUBJECT TO ROAD RIGHT
OF WAY OFF THE EAST SIDE THEREOF.

JAMES R. HALL and RONDA HALL were husband and wife at the time they acquired title to the
above described property and their marriage to each other has been continuous and uninterrupted from
December 8, 2004 up to and including February 18, 2005.

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 grantees that they are lawfully seized of said land in fee simple;
that they have good right and lawful authority to sell and convey said land, and hereby fully 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, 2004.

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:

Bonita Hadwin
Witness Signature

Bonita Hadwin
Printed Name

Regina Simphon
Witness Signature

Regina Simphon
Printed Name

James R Hall L.S.
JAMES R. HALL

Address:
492 SW CHASTAIN GLEN, FORT WHITE, FL
32038

Ronda K. Hall L.S.
RONDA K. HALL

Address:
492 SW CHASTAIN GLEN, FORT WHITE, FL
32038

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 18th day of February, 2005, by JAMES R. HALL and RONDA K. HALL, who are known to me or who have produced Driver License as identification.

Krista Hadwin
Notary Public
My commission expires _____



Krista Hadwin
MY COMMISSION # 00163304 EXPIRES
August 10, 2007
BONDED THROUGH FARM INSURANCE, INC.

Inst:2005004102 Date:02/22/2005 Time:16:05
Doc Stamp-Deed : 200.00

DC, P. DeWitt Cason, Columbia County B:103a P:1839

Columbia County Property Appraiser

CAMA updated: 3/15/2013

2012 Tax Year

Parcel: 06-6S-16-03784-120

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Owner & Property Info

<< Prev Search Result: 2 of 2

Owner's Name	GERMAINE KENNETH LOUIS &		
Mailing Address	LINDA LANDERS GERMAINE 134 SW QUARTER LANE FT WHITE, FL 32038		
Site Address	134 SW QUARTER LN		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	8417
Land Area	5.040 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
N1/2 OF SE1/4 OF SE1/4 OF SE1/4. (AKA PRCL 20 ICHETUCK- NEE WILDERNESS S/D UNREC) ORB 739-638, 799-1418, 900-2476, 937-883, WD 1032- 2149, WD 1038-1838, CWD 1056-604, CWD 1056-606.			

**Property & Assessment Values**

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$30,224.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$60,092.00
XFOB Value	cnt: (3)	\$9,300.00
Total Appraised Value		\$99,616.00
Just Value		\$99,616.00
Class Value		\$0.00
Assessed Value		\$99,616.00
Exempt Value	(code: HX H3)	\$50,000.00
Total Taxable Value	Cnty: \$49,616 Other: \$49,616 Schl: \$74,616	

2013 Working Values**NOTE:**

2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/18/2005	1038/1838	WD	V	Q		\$40,000.00
12/8/2004	1032/2149	WD	V	Q		\$29,900.00
5/2/2000	937/883	QC	V	U	06	\$2,900.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SFR MANUF (000200)	2005	(31)	2280	2280	\$58,067.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0080	DECKING	2008	\$900.00	0000001.000	0 x 0 x 0	(000.00)
0190	FPLC PF	2008	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)



Rimkus Consulting Group, Inc.
8659 Baypine Road, Suite 301
Jacksonville, Florida 32256
(904)-739-0753 Telephone
(904)-739-2910 Facsimile
Certificate of Authorization No. 8301

Report of Findings

**GERMAINE RESIDENCE
FOUNDATION INVESTIGATION
Claim No: 8000508942**

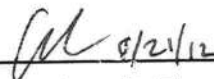
**RCG File No: 44101783
Parcel ID No: 06-6S-16-03784-120**

Prepared For:

**FOREMOST INSURANCE COMPANY
4904 EISENHOWER BOULEVARD, SUITE 375
TAMPA, FLORIDA 33634**

Attention:

MS. LYNDA MANNISTO



**Simon J. Brooks, P.E.
Florida Licensed Engineer No. 63843
Consultant**



**Neil C. Klaproth, P.G.
Florida Licensed Geologist No. 2121
Professional Geologist**

August 21, 2012

Section I

INTRODUCTION

It was reported by Mr. Germaine that ground surface dropouts had occurred beneath and near his residence. The Germaine residence was located at 134 Southwest Quarter Lane in Fort White, Florida.

Rimkus Consulting Group, Inc. was retained to determine the cause of damage to the residence. The inspections, evaluations, and conclusions were performed under the direction and supervision of Simon J. Brooks, P.E. Mr. Brooks is a licensed Professional Engineer in the State of Florida, in the discipline of Civil Engineering. The geological evaluations and conclusions were performed under the direction and supervision of Neil C. Klaproth, P.G., who is a licensed Professional Geologist in the State of Florida. The following sections of this report will summarize observations and conclusions made during our evaluation of the structure and geotechnical testing performed at the subject property.

This report was prepared for the exclusive use of Foremost Insurance Company and was not intended for any other purpose. Our report was based on the information available to us at this time as described in **Section IV, Basis of Report**. Should additional information become available, we reserve the right to determine the impact, if any, the new information may have on our opinions and conclusions and to revise our opinions and conclusions if necessary and warranted.

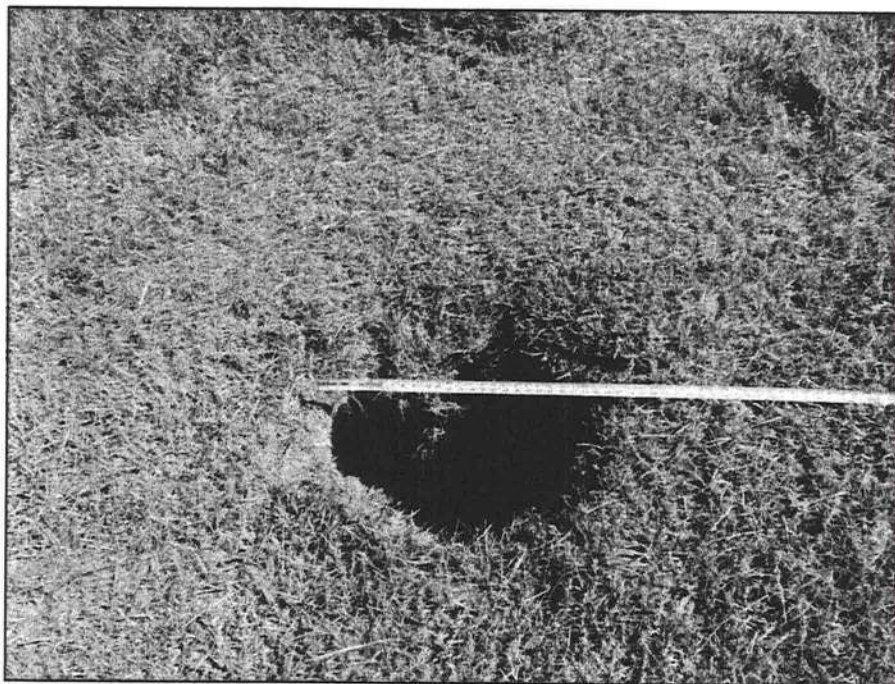
Photograph 1

View of the east elevation (front) of the Germaine residence.



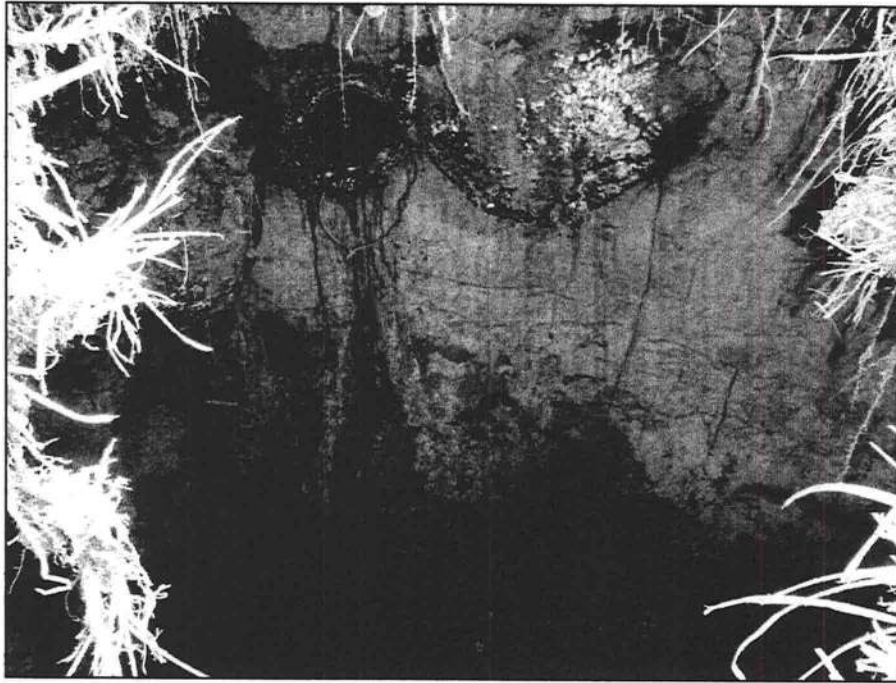
Photograph 2

View of the southwest ground surface dropout.



Photograph 3

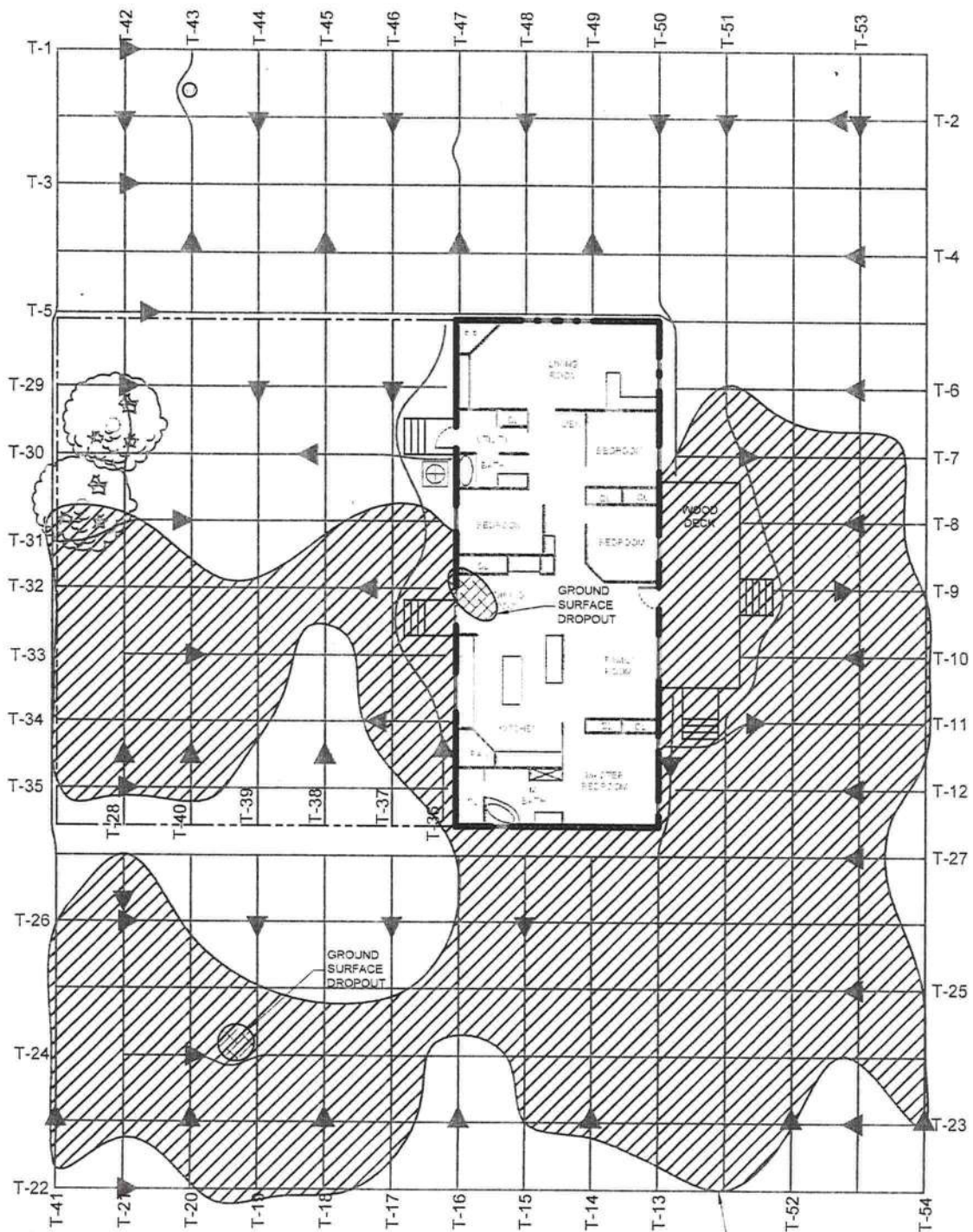
View of the detached septic system within the ground surface dropout.



Photograph 4

View of the ground surface dropout on the west side of the residence.





GPR Legend:

-  Approximate location of subsurface anomalies.
-  Approximate location of GPR survey transect lines.

Landscape Legend:

-  Tree



Title

GEOPHYSICAL SURVEY

GERMAINE RESIDENCE
FORT WHITE FLORIDA

Drawn by: SJB

Reviewed by: NCK

File No. 44101783

Date: 7/9/12

Drawing No. 1

Sheet: 1 OF 1



Florida Mobile Home Installer License

LICENSEE: RODNEY L. FEAGLE

LICENSE NUMBER: IH/1025288

EFFECTIVE DATE: 10/01/2012

EXPIRATION DATE: 09/30/2013

THE LICENSEE IS HEREBY CERTIFIED UNDER THE PROVISIONS OF SECTION 320.8249,
FLORIDA STATUTES TO CONDUCT AND CARRY ON BUSINESS AS AN INSTALLER OF
MOBILE HOMES IN THE STATE OF FLORIDA

A handwritten signature in cursive script, reading "Chas. B. Walker".

Director, Division of Motorist Services

State of Florida - Department of Highway Safety and Motor Vehicles - Division of Motorist Services

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

13-8190

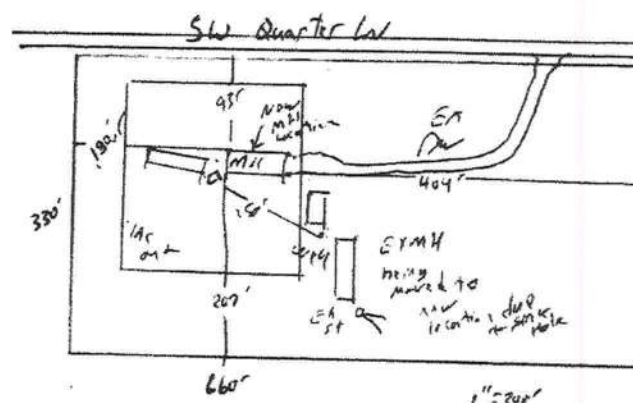
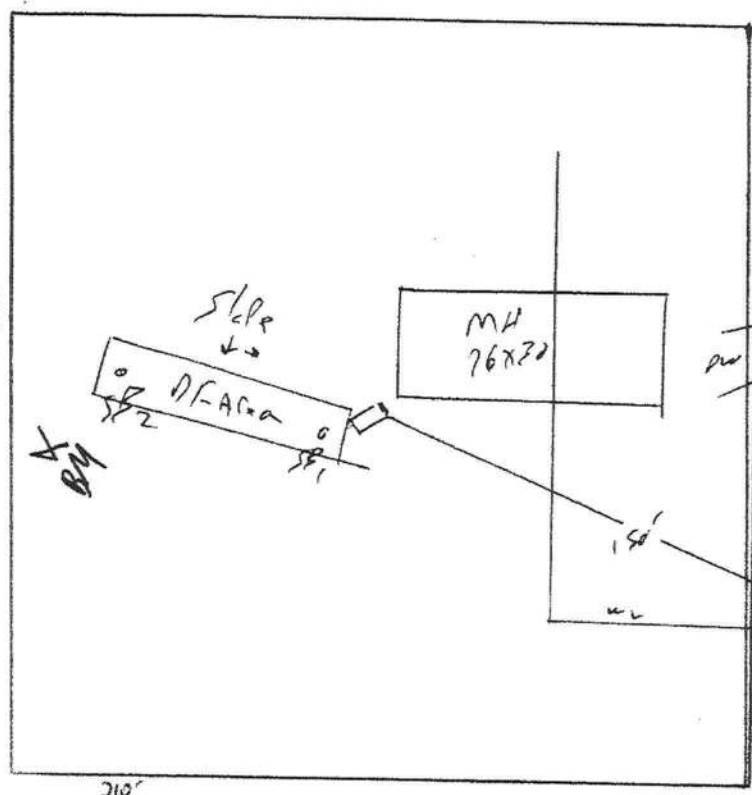
Germaine

6-6-16-03784-120

PART II - SITEPLAN

1'-50'

North ↑



Notes:

* Germaine *

Site Plan submitted by:

Agent

Plan Approved

Not Approved

Date 4.9.13

By Salli Ford Env Health Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 13-0190
DATE PAID: 4/2/13
FEE PAID: \$18.00
RECEIPT #: 1102830

APPLICATION FOR:

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

APPLICANT: Kenneth & Linda GermaineTELEPHONE: 352 999 0592AGENT: Jeff HardeeMAILING ADDRESS: 6450 NW 72nd Ln. Chiefland FL 32626

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: 20 BLOCK: NA SUBDIVISION: Ichetucknee wilderness PLATTED: 1981

PROPERTY ID #: 6-6-16-03784-120 ZONING: Res. I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.04 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 134 SW Quarter Line Ft White

DIRECTIONS TO PROPERTY: 47 South: 7/8 Harling 7/8 Drew

Fragle 1/2 SW Quarter Ln. is DW on left

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>MH</u>	<u>4</u>	<u>2280</u>	<u>2</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Jeff Hardee DATE: 4-2-13