

DATE 03/28/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029276

APPLICANT LORI ROBERTS PHONE 386.365.3508
ADDRESS 261 SE OAT PLACE LAKE CITY FL 32025
OWNER BOBBY & JANET ROBERTS(BOBBY JR.'S MH) PHONE 386.755.9144
ADDRESS 261 SE OAT PLACE LAKE CITY FL 32025
CONTRACTOR TERRY L THRIFT PHONE 386.623.0115
LOCATION OF PROPERTY E. BAYA TO COUNTRY CLUB RD.,TR TO OAT PLACE,TL AND IT'S THE
2ND PROPERTY ON L PAST WHEAT.
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-3 MAX. HEIGHT
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 2 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 22-4S-17-08691-003 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 1.12

IH1025139
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0128 BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: REPLACING SFD THAT WAS TAKEN DOWN-EXISTING SFD.(17636-IN LAWS)PREVIOUS
EXISTING M/H WAS GRANDFATHERED IN. 1 FOOT ABOVE ROAD. 2 UNITS CHARGED.

Check # or Cash 2911**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 Insulation
 date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
 date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by date/app. by
Reconnection RV Re-roof
 date/app. by date/app. by 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 \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 375.00
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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT 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 1-10-08) Zoning Official BK 240311 Building Official 1.C. 3-24-11

AP# 1103-35 Date Received 3/22/11 By LH Permit # 29276

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

Comments (Replacing SFD that was taken down - Existing SFD) (17636 Inland)
Previous Existing MH was grandfathered in

FEMA Map# N/A Elevation N/A Finished Floor 1 Above RL River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-0128 ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☒ State Road Access

☐ Parent Parcel # 22-45-17-08691-003 ☐ STUP-MH N/A ☒ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code ✓ Vt form

School _____ = TOTAL Impact Fees Suspended March 2009

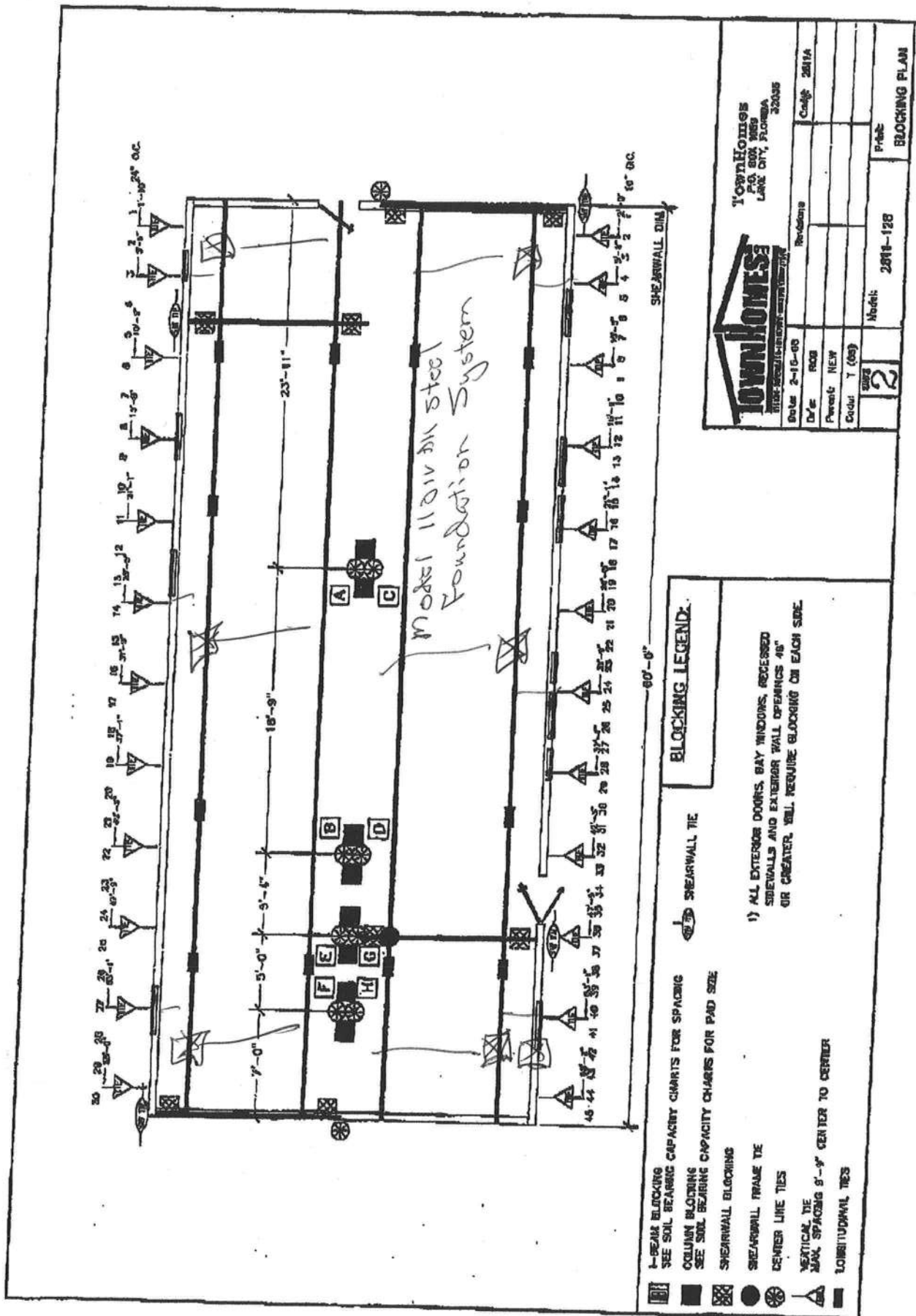
Property ID # 22-45-17-08691-003 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28' x 60' Year 2010
- Applicant Bobby Roberts Jr. ^{Lori Roberts} Phone # 386-365-8287
- Address 261 SE Oak Pl. Lake City FL 32025
- Name of Property Owner Bobby W. Roberts & Janet Roberts Phone # 386-755 9149
- 911 Address 261 SE Oak Place, Lake City FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Bobby Roberts Jr ^{Lori Roberts} Phone # 386-365-3509
- Address Same
- Relationship to Property Owner In-Laws
- Current Number of Dwellings on Property 2 (House torn Down)
- Lot Size .5 Acres Total Acreage 1.128 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 Yes/Existing SFD (FD)
- Driving Directions to the Property South on Country Club Rd, (L) Oak Place, 2nd property on (L) past Wheat Dr.
- Name of Licensed Dealer/Installer TERRA 21 Thrift Phone # (386) 623-2113
- Installers Address 4418 NW Mye Hunter DR Lake City FL 32055
- License Number TH 1223139 Installation Decal # 33377

Spoke to Lori 3-25-11

clt#
2911
375.00

Roberts
28'x60' Box



COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer. Submit the originals with the packet.

Installer JERRY L. THRIFF License # 24-1025139

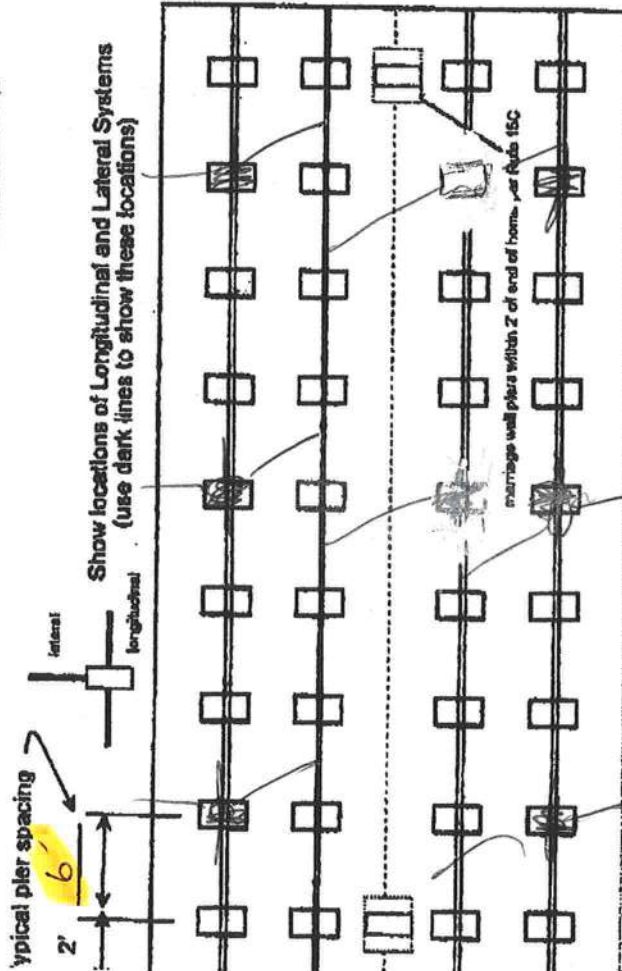
11 Address where home is being installed. _____

Manufacturer Townhome Length x width 60' 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 JLT



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 dsf	3'	4'	4'	5'	5'	7'	8'
1500 dsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17 1/2" x 25 1/2"
 Perimeter pier pad size 16" x 16"
 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 18' 4" Pier pad size 17 1/2" x 25 1/2"

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer Quincy
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Quincy

OTHER TIES

Sidewall Number 24
 Longitudinal Marriage wall 26
 Shearwall 4

FRAME TIES

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

ANCHORS

4 ft 5 ft

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

OTHER TIES

Sidewall Number 24
 Longitudinal Marriage wall 26
 Shearwall 4

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

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 1600
1500 1500 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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
1500 1500 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 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 require anchors with 4000 lb holding capacity.

Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

inspect electrical conductors between multi-wide units, but not to the main power race. This includes the bonding wire between multi-wide units. Pg. 1

Plumbing

inspect all sewer drains to an existing sewer tap or septic tank. Pg. 1

inspect all potable water supply piping to an existing water meter, water tap, or other dependent water supply systems. Pg. 1

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1/4" x 3" screws Length: 6" 10" Spacing: 24" 32"
Walls: Type Fastener: 2" x 4" screws Length: 20" 32" Spacing: 32" 40"
Roof: Type Fastener: 2" x 4" screws Length: 20" 32" Spacing: 32" 40"
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 (weatherstripping 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 TH

Type gasket Foam Tape

Installed:

Between Floors ☒ Yes
Between Walls ☒ Yes
Bottom of ridgebeam ☒ Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 1
Siding on units is installed to manufacturer's specifications. Yes ☒ Pg. 1
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 ☒ No ☐
Range downflow vent installed outside of skirting. Yes ☒ No ☐
Drain lines supported at 4 foot intervals. Yes ☒ No ☐
Electrical crossovers protected. Yes ☒ No ☐
Other: N/A

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Thy 2 Th

Date 2/12/19

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

Scale: 1 inch = 40 feet.

Notes:

Site Plan submitted by:

Not Approved_____

By _____ County Health Department

MASTER CONTRACTOR

Date _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____
 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 <i>OK</i>	Print Name: <u>Lori K Roberts</u> License #: <u>Owner</u>	Signature: <u>[Signature]</u> Phone #: <u>386) 315-8287</u>
MECHANICAL/ A/C <u>B</u>	Print Name: <u>David Hall's Air Conditioning</u> License #: <u>CAC057424</u>	Signature: <u>[Signature]</u> Phone #: <u>386) 559-998</u>
PLUMBING/ GAS <u>OK</u>	Print Name: <u>TERRY L. THORP</u> License #: <u>TH-1025139</u>	Signature: <u>[Signature]</u> Phone #: <u>(386) 628-0115</u>
ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Subcontractor Trade Name	Subcontractor Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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 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, Terry L. Thrift, 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
Bobby Roberts	<i>Bobby Roberts</i>	Owner
Lori Roberts	<i>Lori K. Roberts</i>	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.

Terry L. Thrift
License Holders Signature (Notarized)

TH-1025139 3-21-11
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Personal Known on this 21 day of March, 20 11.

J. Howell
NOTARY'S SIGNATURE

(Seal/Stamp)



J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services

executive line

This Indenture,

(The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

Prepared by and Returned to:
Regional Title Co.
2015 S. First St.
P.O. Box 1672
Lake City, FL 32056-1672

Murel H. Lucas

BR 0534
PG 0061
OFFICIAL RECORDS
1984 Between

Made this 30th

day of

March

OTIS P. ROBERTS, JR. and LORRAINE ROBERTS, his wife

of the County of

Columbia

, State of

Florida

, grantor, and

BOBBY W. ROBERTS and JANET ROBERTS, his wife

whose post-office address is
of the County of

Rt 6, Box 410, Lake City, FL 32055
Columbia, State of *Florida*

, grantee,

Witnesseth: That said grantor, for and in consideration of the sum of TEN Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

COMMENCE at the NE corner of SE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Section 22, Township 4 South, Range 17 East, Columbia County, Florida, and run thence S 0° 36' East, along East line of SE $\frac{1}{4}$ of NW $\frac{1}{4}$, 645.69 feet; thence S 88° 46' West, 261.28 feet to POINT OF BEGINNING; thence S 88° 46' West, 208.72 feet; thence N 1° 14' West, 208.72 feet; thence N 18° 46' East, 208.72 feet; thence S 1° 14' East, 208.72 feet to POINT OF BEGINNING. Containing 1 acre, more or less.

84-03002

DOCUMENTARY STAMP 9.00

INTANGIBLE TAX 0-

MARY B. CHILDS, CLERK OF
COURTS, COLUMBIA COUNTY

BY *L. Powell* D.C.

Theresa A. Davis
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA

1984 APR -3 AM 9:58

FILED AND RECORDED IN PUBLIC
RECORDS IN COLUMBIA COUNTY, FL.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Martha D. Dudder
witness
Isabella Merricks

Otis P. Roberts Jr. (Seal)
Otis P. Roberts, Jr.
Lorraine Roberts (Seal)
Lorraine Roberts



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 22-4S-17-08691-003 - SFRES/MOBI (000102)

COMM NE COR OF SE1/4 OF NW1/4, RUN S 645.69 FT, W 261.28 FT FOR POB, CONT W 208.72 FT, N 208.72 FT, E 208.72 FT, S 208.72 FT TO POB. AND COMM NE COR O

NOTES:

Name:	ROBERTS BOBBY W & JANET		
Site:	303 SE OAT PL	Land	\$13,372.00
Mail:	303 SE OAT PL	Bldg	\$55,062.00
	LAKE CITY, FL 32055	Assd	\$69,334.00
Sales Info	3/1/1984\$2,000.00 V / Q	Exmpt	\$25,000.00
			Cnty: \$44,334
		Taxbl	Other: \$44,334 Schl: \$44,334



Columbia County Property Appraiser

DB Last Updated: 3/22/2011

2010 Tax Year

Parcel: 22-4S-17-08691-003

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

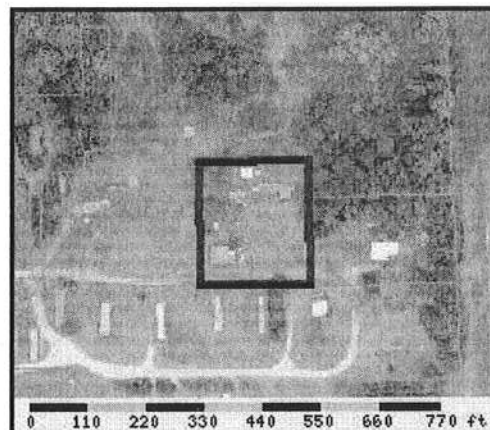
Interactive GIS Map

Print

Owner & Property Info

<< Prev Search Result: 5 of 7 Next >>

Owner's Name	ROBERTS BOBBY W & JANET		
Mailing Address	303 SE OAT PL LAKE CITY, FL 32055		
Site Address	303 SE OAT PL		
Use Desc. (code)	SFRES/MOBI (000102)		
Tax District	3 (County)	Neighborhood	22417
Land Area	1.128 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NE COR OF SE1/4 OF NW1/4, RUN S 645.69 FT, W 261.28 FT FOR POB, CONT W 208.72 FT, N 208.72 FT, E 208.72 FT, S 208.72 FT TO POB. AND COMM NE COR OF SE1/4 OF NW1/4, RUN S 678.96 FT, W 261.30 FT TO POB, CONT W 208.75 FT, N 25 FT, E 208.72 FT, S 28.67 FT TO POB. ORB 534-661, WD 996-734.		



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$13,372.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (2)	\$55,062.00
XFOB Value	cnt: (2)	\$900.00
Total Appraised Value		\$69,334.00
Just Value		\$69,334.00
Class Value		\$0.00
Assessed Value		\$69,334.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$44,334 Other: \$44,334 Schl: \$44,334	

2011 Working Values

NOTE:
2011 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
3/1/1984	534/661	AD	V	Q		\$2,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1980	(31)	904	1160	\$28,531.00
2	SFR MANUF (000200)	2001	(31)	896	1024	\$22,262.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	1993	\$300.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	1993	\$600.00	0000001.000	0 x 0 x 0	(000.00)



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

PERMIT NO. 11-0128
DATE PAID: 997893
FEE PAID: 31514
RECEIPT #: 1571028

APPLICATION FOR:

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

APPLICANT: Bobby Roberts

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 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: na PLATTED: _____

PROPERTY ID #: 22-4S-17-08691-003 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.12 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 303 SE Oat Place, Lake City, FL, 32055

DIRECTIONS TO PROPERTY: 441 South, TL on CR 252, TR on Country Club Road, TL on Oat Place, 4th place 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	SF Residential	<u>3</u>	<u>1600</u>	
2				
3				

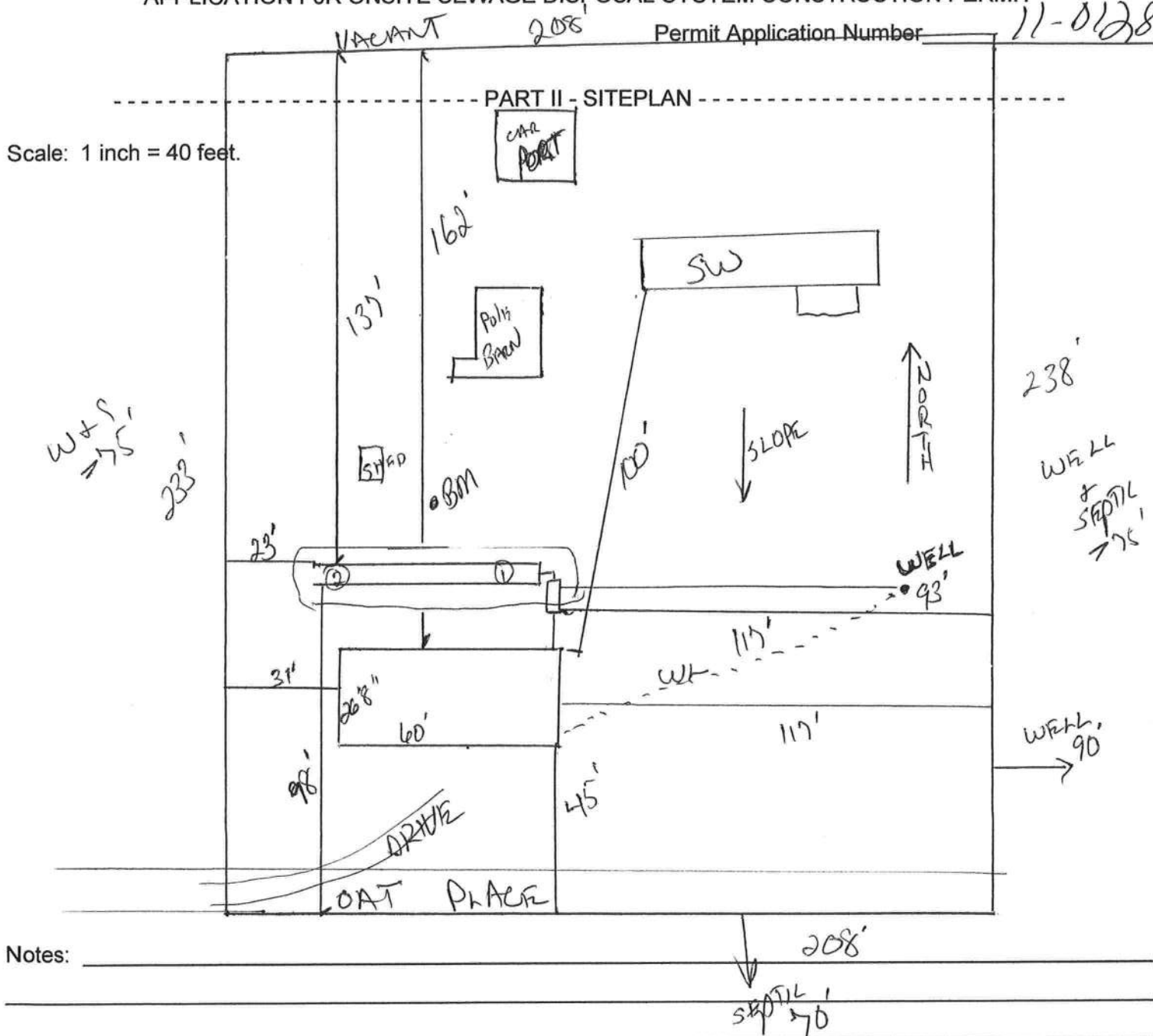
☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Rocky D Ford DATE: 2/28/2011

Permit Application Number

11-0128

PART II - SITEPLAN



Notes:

Site Plan submitted by:

Plan Approved

By

Not Approved

MASTER CONTRACTOR

Date 3/22/11

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I (We) Bobby and Janet Roberts
owner of the below described property:

Tax Parcel No. 22-45-17-08691-003

Subdivision (name, lot, block, phase) _____

Give my permission to Bobby Roberts JR + Lori to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Bobby Roberts JR
Owner

Janet Roberts
Owner

SWORN AND SUBSCRIBED before me this 24th day of March,
20 11. This (these) person(s) are personally known to me or produced
ID _____.

Staci L. Ballance
Notary Signature



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: 3/23/2011 DATE ISSUED: 3/25/2011

ENHANCED 9-1-1 ADDRESS:

261 SE OAT PL

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

22-4S-17-08691-003

Remarks:

RE-ISSUED OF EXISTING 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.

CERTIFICATE OF COMPLIANCE

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 22-4S-17-08691-003

Building permit No. 000029276

Permit Holder TERRY L THRIFT

Owner of Building BOBBY & JANET ROBERTS(BOBBY JR.'S MH)

Location: 261 SE OAT PLACE, LAKE CITY, FL 32025

Date: 04/25/2011

Hayden

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)